

**POSTGRADUATE NURSING EDUCATION IN NIGERIA: UNDERSTANDING
REGISTERED AND GRADUATED STUDENTS' EXPERIENCES IN THEIR
JOURNEYS TO PROGRAMME COMPLETION OR WITHDRAWAL**

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ABSTRACT

Background: Nigerian nursing education has developed from initially limited numbers of missionary schools to a more substantial expansion of urban, hospital-based institutions since 1945. Postcolonial emancipation sparked the University of Ibadan into opening the first Department of Nursing in Nigeria in 1965. This triggered the creation of further university-based undergraduate programmes across Nigeria, though many hospital-based schools offering diploma level training have also been retained. The first postgraduate nursing programme commenced in 1988 at the Obafemi Awolowo University, followed by the University of Ibadan and the University of Nigeria, Nsukka. These three universities are still the main postgraduate nursing education providers in Nigeria today.

The Nigerian Government and professional stakeholders including the Nigerian Nursing and Midwifery Council are concerned by the low graduation rate of nursing students in relation to the standard programme duration of one year for masters' and three years for PhD programmes (10%), and their relatively high rate of attrition (20%).

Objectives; The study seeks to understand the experiences of postgraduate nursing students in Nigeria.

Research method: The research participants included registered and graduated postgraduate nursing students, lecturers, and the staff of nursing education coordinating bodies. They were recruited to this study purposively and by snowballing. The research employed a qualitative inquiry method using face-to-face interviews, the methodology being informed by a critical realist worldview with regard to agency and structure.

Result: The key findings revealed that the students' experiences of delay in completing their programme were influenced by student factors (allocation of time between full-time work and full-time study, and sponsorship); lecturer factors (workload and workforce development); policy issues (programme structure and implementation); and social structures and mechanisms in Nigeria.

Recommendation: The researcher recommends further studies on the impact of gender on nursing education, the relationship between postgraduate nursing students' experience and their expectations, and the effect of international partnerships on postgraduate nursing education in Nigeria. He further recommends a review of the postgraduate nursing curriculum.

Conclusion: Findings from such studies would further help to improve the students' experiences.

Keywords:

Nigeria, nursing, nursing education, postgraduate, curriculum development

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1. POSTGRADUATE NURSING EDUCATION IN NIGERIA: AN INTRODUCTION

Introduction

This chapter presents the background to, and overview of postgraduate nursing education in Nigeria, the political and socio-political context of Nigeria, the nature of the problem motivating the study and the rationale for the study.

1.1. Background

From the literature available, nursing education in Nigeria started in mission hospitals as far back as 1930 (Ndatsu 2004), following the campaign of Florence Nightingale for organised and formal training for nurses the world over (Ndatsu 2004). Although the Midwives Board was established in 1930, the Nursing Council was not established until 1947, when it appears there was a need to clarify the functions of the two professions. Both bodies existed as separate entities until 1978 when the Federal Military Government set up a Health Services Panel in order, among other things, to harmonise the activities of the Federal Health Agencies. In 1952, the University College, Ibadan, established a formal School of Nursing with Mrs Bello, who was a Briton, a graduate of the Florence Nightingale School of Nursing, Saint Thomas' Hospital London and a nurse tutor, as the first principal of the school. Although hospital-based, this development raised the status of nursing education in Nigeria (Ndatsu 2004, Koyejo 2008). Until recently, nurse education continued to be conducted in schools of nursing.

University-based nursing education in Nigeria began in 1965 with the establishment of the Department of Nursing at the University of Ibadan in Oyo State followed in

1973 by the University of Nigeria, Nsukka and the Obafemi Awolowo University, Ile-Ife; after that, other universities joined (Naija Nurses 2008; Ajibade 2012). Koyejo (2008) states that the primary intention for the establishment of university nursing education was to produce teachers and administrators in nursing that would provide leadership to the nursing profession across the continent of Africa. The educational curriculum for university nursing education was structured to meet the standards of the National Policy on Education through the collaborative efforts of both the Federal Ministry of Education and the Nursing and Midwifery Council of Nigeria (NMCN).

Postgraduate nursing education commenced with the Obafemi Awolowo University in 1988, with others following on (Ndie 2014). However; only the University of Ibadan, the Obafemi Awolowo University, and the University of Nigeria had successfully graduated a cohort of MSc and/or PhD nursing students as at 2015 (Ndie 2014). From the researcher's own experience, this low rate of postgraduate nursing programme completion and the issue of students' retention have been identified as of great concern to postgraduate nursing students, lecturers and nursing education policymakers.

NMCN (2014) observes that at every workshop and seminar organised by the Council, nurses always asked for a re-examination of their professional qualifications (certificates) because of the challenges they face when seeking admission, on the basis of their diploma certificates in nursing, into a degree programme in nursing. Many have left the profession out of frustration and dissatisfaction, especially those nurses that desire to obtain higher degrees in the profession (Udontre 2011). Their reason for leaving is that the qualifications, "Registered Nurse (RN)," "Registered

Psychiatric Nurse (RPN),” “Registered Midwife (RM),” and so on, are not graded and therefore are not taken account of as qualifications for entry into general education courses in the universities (Udontre 2011). The National Universities Commission of Nigeria (NUCN) and the Federal Ministry of Education, Nigeria (FMEN) did not see the diploma nursing certificates as academic certificates, but merely as awards given at the end of unorganised apprenticeship programmes. According to NUCN (2014), such awards do not meet the direct entry criteria for admission into university degree programmes.

It is worthy of note that two bodies (the Nursing and Midwifery Council of Nigeria (NMCN), and the National Universities Commission (NUC)), regulate nursing education in Nigeria (NMCN 2012). The mission statement of NMCN is “promoting and maintaining excellence in Nursing Education and Practice” (2012). NUC has its aim as “developing policies and programmes towards enhancing the orderly development of university education as well as its quality and relevance for national development and global competitiveness” (NUC 2014 p.1) NMCN consists of a human resources, finance, and accounts department; the education department; a planning, research, and statistics department; and an inspectorate department. NUC has four departments as well, namely the postgraduate curriculum development and planning; undergraduate development and planning; resource and strategic planning; and student industrial experience scheme departments (NUC 2014; NMCN 2012). The two bodies work hand-in-hand, with the common goal of giving nursing education in Nigeria the desired structure that meets international standards (NMCN 2012).

The NUCN (2014) stipulates two routes for admission into the universities' degree programmes : the Universities Matriculation Examination (UME) for candidates who have only secondary school certificates, and direct entry for those who have additional higher education qualifications besides secondary school certificates (NUCN 2014). The UME candidates are assessed for admission by written examinations and oral interviews, and the grade of their post-secondary school qualifications; while the direct entry candidates are assessed by the grade of their secondary school certificates, and their additional higher education certificates only.

Ndatsu (2004) states that the major aim of nursing education in Nigeria is to prepare a new cadre of competent nurse practitioners and educators at various levels, who will utilise problem-solving techniques in providing safe, acceptable, efficient and affordable health services to meet the health needs of individuals, families and the community. In keeping with this aim, 19 universities in Nigeria have received full accreditation to offer university nursing education programme, out of the 54 universities in the country (NMCN 2012; NMCN 2014). However, just three of these universities (the University of Ibadan, the University of Nigeria, Nsukka and the Obafemi Awolowo University, Ile-Ife) are the main providers of postgraduate nursing education programmes in Nigeria, a country with a population of 180 million people (NMCN 2012; NMCN 2014; NPC 2016).

Fortunately, nursing education in Nigeria has recently started undergoing some reforms processes by merging and/or affiliating the hospital-based schools of nursing with the university-based nursing programmes. Although the reform process is still ongoing, the steps being taken have helped to alleviate nurses' concerns (Udontre

2011). The experience of the nursing education reforms in the United Kingdom termed “Project 2000”, which led to a Diploma in Higher Education (Nursing), was a motivating factor for the reform process in nursing education in Nigeria (Udontre 2011) as the Medical and Nursing institutions in Nigeria continue to be influenced by British developments in professional practice and education. This approach of awarding a Diploma in Higher Education was claimed to have positive effects on the development of status of the profession in the United Kingdom between 2000 and 2005, including increased recruitment, improvements in, their salary structure (NMC 2008).

The United Kingdom Nursing and Midwifery Council (2008) further proposed moving nursing education completely to the universities, with a degree in nursing as the minimum qualification for registration, and this was implemented in 2012. Nursing education in Nigeria seems to be following this trend, but structure and process seem to be limiting factors, since nursing schools still proliferate in Nigeria at the time of writing, as observed by this researcher who also lectures in one of the universities in Nigeria.

Similarly, in the United States of America, nursing reforms date back to the 1880s (Strauss 1966), as illustrated by the following statistics regarding the nursing workforce: of 2,800,000 registered nurses, 28,000 hold bachelor's degrees in nursing, more than 24,000 have master's degrees in nursing, and 2,200 hold doctoral degrees in nursing (Health Resources and Service Administration (HRSA) (2013). These statistics clearly represent an encouraging success story for nursing education in the United States of America, and the history of the profession's origin

there in some respects is not widely different from that in Nigeria. This is especially the case with regard to the influence of the churches on welfare reform and the changing roles of women in relation to work and life careers.

The development of nursing education in South Africa has a similar trajectory to Nigeria with the first school of nursing, Kimberly School of Nursing, opened in 1880 in Kimberly by Sister Henrietta Stockdale (Olubiyi and Dolamo 2013). This establishment was still part of the developmental wave of Florence Nightingale's crusade for organised nursing training. However, the South African nursing education system includes auxiliary nurse training, unlike that of Nigeria. Moreover, the auxiliary nurses are included in the nursing workforce, contrary to the practice in Nigeria (Olubiyi and Dolamo 2013; NMCN 2012). It is worth noting that the first university to offer postgraduate education in nursing in Nigeria (Obafemi Awolowo University) followed the pattern of the postgraduate nursing programme in South Africa, and this university has remained closely affiliated to the University of Pretoria in South Africa to date (Ndie 2014).

Following the Nigerian nurses' quest for improvement in nursing education and nursing practice, the relevant stakeholders embarked upon reforms in both. One of the main outcomes of the reforms was the commencement of postgraduate nursing education in 1988 at the Obafemi Awolowo University (Udontre 2011). Although the reforms brought about the adoption of positive policies, Nigeria is still struggling to implement them (Udontre 2011).

Since nursing education began in Nigeria in 1930 and the first set of graduate nurses was produced in 1968 (Ndatsu 2004 and NMCN 2013), one would expect the rapid progression and graduation of a good number of postgraduate nurses after 88 years (that is, 1930 to 2018). However, it is not clear if the aims of the two coordinating bodies of nursing education have been achieved, hence the comments of NMCN (2013) and Agbedia (2012) on the stunted growth of postgraduate nursing education in Nigeria.

Adelowo (1989), Ojo (2010), Okezie (2012) and Agbedia (2012) observe that the development of nursing education in Nigeria is facing a lot of difficulties whose exact cause is not known. Nonetheless, as a result of her colonial past, Nigeria inherited her nursing education programme from the United Kingdom and, in terms of the origins of nursing at least, the two countries share a common history (Agbedia 2012). It is not clear, however, why postgraduate nursing education, which is meant to provide leadership and mentorship to all cadres of nurses and nursing practice in Nigeria, is a laggard as regards academic progression and postgraduate nursing programme completion rates.

The reforms process in Nigeria has followed the patterns of nursing reforms in the United Kingdom, the United States of America and South Africa, but these nations appear to be ahead of Nigeria regarding outcome implementation. (Ndie 2014). The faster pace of nursing advancement in the United States of America and South Africa, compared to Nigeria, leads one to ask what factors are peculiar to postgraduate nursing education in Nigeria, given the fact that nursing education in

these countries has a common historical origin in the United Kingdom (Udontre 2011).

These considerations, the need to produce a more numerous nursing workforce with higher qualification, the issue of the low completion rate of postgraduate nursing students and the challenge of retention of postgraduate nursing students, as well as the researcher's personal experience motivated this study. The researcher aims to understand the experiences of postgraduate nursing students in their learning journeys to programme completion or withdrawal. The researcher believes that the findings from this study could equip the relevant stakeholders and policymakers with evidence to design policies would develop postgraduate nursing education in Nigeria and improve completion rates.

1.2. Nigerian bureaucracy, socio-political and sociocultural systems: their impact on postgraduate nursing education

Nigeria is a vast country with complex bureaucratic networks and a unique socio-political scene. The complex nature of the bureaucracy and the socio-political systems of the country influence every sphere of the lives of the citizenry, including the education system. In this section, governance, bureaucracy, politics, policy-making, the place of women in policy-making, and their impacts on postgraduate nursing education will be discussed in the context of the socio-political environment in Nigeria. The complex cultural issues will also be explored.

Governance is “the exercise of economic, political and administrative authority to manage a country’s affairs. It comprises mechanisms, processes and institutions, through which individuals and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences” (United Nations Development Programme (UNDP)1997, p.2). This definition covers the government sector, the private sector and civil society organisations. Corruption, which is an abuse of the established rule of law, is the bane of good governance in Nigeria (Amartya 1999).

The governance of public institutions in Nigeria has in turn been negatively influenced by issues emerging from its colonial legacy, the prolonged military rule, the current unstable political environment and successive economic crises. Public policymaking and implementation is bedeviled by complex constitutional arrangements between three distinct layers of Government that structure the Nigerian political economy.

A complex, specialised group (especially in the government sector) made up of non-elected experts in administration and clerical services employed on a full-time basis to carry out administrative functions is referred to as bureaucracy (John 2005). While Omolayo and Arowolaju (1987) opine that politics is the struggle for power and influence within a given society, Akhakpe (2005) defines policy as the plans, positions and guidelines of government which influence decision making by that government. These four concepts interact to form the socio-political scene of the Nigerian society.

Federalism for many people in Nigeria is characterised by everyday experience of bureaucratic bottlenecks, such as 'red-tapism', rigidity, centralization, excessive bureaucratic layers, and poor conditions of service and reward for public servants (Okotoni, 2017). Okotoni (2017) argues that all of these factors have impeded the effective performance of the Nigerian bureaucracy. So, the negative associations of bureaucracy are inextricably bound up in the public eye with the individual failures of Nigerian leaders, past and present, to challenge endemic corruption, tribalism and communal strife.

Osoba (2007) points out that while corruption is a global phenomenon, it is understandable only in its social context and is rooted in the post-colonial history of Nigeria and the underdevelopment of its public services, despite its vast mineral resources that should have made Nigeria the 'economic giant' of the African economy. The mineral wealth of the nation has been siphoned off by the corrupt practices of often recycled ruling elites in post-independence Nigeria, turning what should be one of the country's strongest assets – its vast oil wealth – into a curse. To take one of many examples it has been estimated that as recently as 2012 US\$ 6.8 billion had been drained from Nigeria in a notorious government fuel subsidy scam which ran unchallenged for over a decade from 2009 (Agibiboa, 2012).

Osoba (2007) conceptualises such corrupt practices as anti-social behaviour giving improper benefits contrary to legal and moral norms, which in turn undermines the capacity of public services to effectively influence public welfare. In Nigeria such

schemes became the principal means of private enrichment during the decolonisation period, in the absence of other means, and were significant drivers in shaping political processes and competition after independence. All subsequent regimes, whether military or civilian, have been pervaded by corruption. Aided and enhanced by oil revenues, this has created a deepening crisis. A kleptocratic culture emerged in its most extreme form from 1984 onwards. Whilst the ruling class enriched themselves the mass of Nigerians have been forced to endure growing poverty, misery and degradation. Political life has become dominated by winner-take-all factional struggles, political cynicism and violence, while the economy and social institutions underpinning civic society have been driven into decay.

Nevertheless, public pressure for education and welfare reform has driven the current Government to allocate more funding for health-related infrastructure as part of its electoral commitments. The government earmarked 4.3% of the 2016 federal budget to health care. It is worth noting here that according to the World Health Organisation (WHO 2013), Nigeria spends only \$67 per person on health care, whereas South Africa allocates seven times as much and Angola three times as much.

Health spending on buildings is not an unusual manifesto promise for any political party seeking to impress and reassure a potentially cynical electorate, and indeed much of Nigerian Health Services are housed in less than ideal conditions. In May 2016 the Nigerian Sovereign Investment Authority (NSIA) was directed to partner with the federal Ministry of Health (MoH) in signing a series of agreements to modernise and expand health care services through private sector participation (Eboh 2016).

These agreements sought to develop the capacity of specialist hospitals and diagnostic centres, to ensure they were able to provide advanced medical care. Trips abroad by the President for advanced medical treatment accentuated for many observers the poor health services provided at home for most Nigerians.

By late May 2016, a total of ten memorandums of cooperation had already been signed between the NSIA, the MoH and various health care facilities throughout the country's six geopolitical zones. Examples included agreements with Lagos University Teaching Hospital to develop a specialist cardiovascular facility in Lagos, with Kano-based Aminu Kano Teaching Hospital constructing a modern diagnostic centre and in partnership with the Federal Medical Centre Umuahia to develop a diagnostic centre in the main hospital complex in Abia State (NISA 2018). The overall aim of these agreements was to funnel albeit unspecified public funds into health care institutions, alongside boosting technical cooperation links between private hospitals and federal health care centres, in an attempt to expand institutional capacity across the Nigerian health sector.

Furthermore, in addition to its collaboration with the NSIA, the MoH set wide reaching new targets to improve access to health services, specifically aiming to increase the number of primary health care centres (PHCs). This was a key element of its plan to provide access to health care for 100m Nigerians, through the construction of 10,000 PHCs throughout the country by 2018, with at least one PHC per ward – an administrative unit with 10,000 people – to facilitate health care access across a wide geographic area (NISA 2018).

The strategic aim, set by Isaac Folorunso Adewole, Minister of Health, would be that PHCs would be able to take care of 80% of cases requiring medical attention, with patients being required to register at their nearest PHC. Staffing and equipping these community and acute care projects was however to be problematic given the broader structural issues which beset the Nigerian Health Economy (Onyeji 2018). To take the case of Nigerian primary health care, the system in Nigeria has been plagued by multiple challenges despite billions of naira spent over the decades on health facilities by different governments at different levels.

Less than 20 percent of the 30,000 public PHCs in the country were reported to be fully functional in 2018, according to a survey conducted by a nongovernmental body, the Civil Society Legislative Advocacy Centre (CISLAC). The National Primary Health Care Development Agency (NPHCDA), the federal agency tasked with overseeing PHC staffing, had prescribed that a PHC should have one or more doctors, a pharmacist, a staff nurse and other paramedical support staff to provide outreach services (Onyeji 2018). Additionally, it should also have a well-equipped open ward, labour room, children and female wards, doctor's office and staff quarters, an ambulance for referrals and drugs and equipment for immunisation, preventive and basic curative care. The centre was also to provide monitoring and evaluation, as well as maternal and children's health services (NISA 2018).

The challenges PHCs across the country are facing prompted the Nigerian Senate in early 2018 to call on the federal government to put primary health care facilities

across the country in better shape. The Senate asked its appropriation committee to ensure that funds were set aside to make the PHCs functional.

However, the Minister of Health, Isaac Adewole, blamed lack of progress on the fact that provision of healthcare in Nigeria is a responsibility of the three tiers of government. Mr. Adewole actually begged the National Assembly to stop creating new PHCs so that existing ones could be brought up to an acceptable standard. Adewole pointed out having a [PHC] building is not the equivalent of a fully functioning health centre (Onyeji 2018). A building without human resources, equipment and drugs is not a health facility. Everybody wants to build a PHC in his village, but who will run it? So we are begging them to stop creating,” he said (Onyeji 2018, p. 6).

The need for effective action across all levels of government is starkly illustrated by the shortage of primary healthcare services across Nigeria. Many women are obliged to use untrained traditional birth attendants, despite the serious risks involved. According to survey data collected by CISLAC, in Nigeria one in 13 women will die during pregnancy or childbirth. Many of these deaths are preventable, yet quality and coverage of health care facilities continues to fail women and children. For example, it is estimated that less than 20 percent of health services offer emergency obstetric care and only 35 percent of deliveries are attended by skilled birth attendants. Yet Nigeria has a well-established and relatively large health workforce capable of further development, given the necessary resources and education. But as part of

the public sector they are dealing with an underdeveloped welfare state that struggles to undertake the necessary structural and constitutional reforms.in the face of vested interests draining resources from the public purse.

As previously argued, corruption has influenced the policy decisions of successive state actors. Since independence (1960), Nigeria has experienced three systems of central government (parliamentary, military and presidential) that have each been perceived to fail the people of Nigeria;in managing its economic system, a mixture of capitalism and socialism, where both the government and private sectors struggle for control of the national resources (Ojo, Aworawo and Ifedayo 2014). These authors observed that the intervention of military leaders was necessitated by the perceived corruption and managerial failures of preceding parliamentary and presidential leaders ((Ojo, Aworawo and Ifedayo 2014)). However, these interventions did not prevent the economic status of the country from steadily worsening. From the analysis of the state of the Nigerian economy and its political institutions , it is obvious that both the parliamentary and presidential (democratic), and the military (autocratic) systems of government have their own structural deficiencies (Ojo, Aworawo and Ifedayo 2014).

The regulatory bodies that act as a check on the excesses of the political elites remain weak, and regulation is complicated by bureaucratic bottle-necks that encourage corruption (Ogundiya 2009; Aliu and Oludebe 2008). Nigeria is a federal republic modelled after the United States, where the president exercises executive power; the government of Nigeria is also influenced by the British system in the structure and management of the upper and lower houses of a two-house

legislature. Legislative power resides with the government of the day and the two chambers of the legislature, the House of Representatives and the Senate (Ogundiya 2009). These two chambers make up the National Assembly, which serves as a check on the executive arm of government (Aliu and Oludebe 2008). The Supreme Court, which was created after independence, is the country's highest judicial institution (Aliu and Oludebe 2008).

Whereas the three arms of government whose members are drawn from political elites are responsible for policy formulation and decision making, the bureaucrats, composed of staff of various ministries and parastatals, assist in policy drafting and are responsible for policy implementation and administrative matters (Olumuyiwa 2016). Although the bureaucrats are civil servants, who ought to be politically neutral, their heads are political appointees who must take orders from their employers – the political elites effectively controlling political decision making in Nigeria (Afegbua 2013). The chains of command within this bureaucratic network are so complex, that every legitimate request by an ordinary citizen creates an opportunity for corruption to enable the request to pass through the bureaucratic bottlenecks, except where the individual belongs to, or is closely related to the political elites (Olumuyiwa 2016).

For instance, the university system in Nigeria is regulated by the Federal Ministry of Education; so the appointments of the Minister of Education and the Vice-Chancellors of various universities are politically influenced (Nigeria Finders 2015). All the actions of the Ministers in the various ministries and the activities of the Vice-Chancellors of all the universities in Nigeria are politically manipulated (Fagbadebo

2008). They have to comply with the directives of their employers, even when it is against their conscience, or risk losing their appointments (Fagbadebo 2008). The potential result of non-compliance is demonstrated in the sacking of 13 vice-chancellors of Nigerian universities in 2016 because of the clash of interests between competing political elites (Ameh 2016).

The political system in Nigeria is unstable because of changes from one regime to another, each regime coming up with new agendas and either rejecting or neglecting the programmes and policies of the immediate past regime. While embarking on white elephant projects, the welfare of the citizens can often seem to be ignored. These conditions, amongst other things, encourage incessant industrial actions by workers in the state sector as a means of seeking attention since they feel excluded or marginalised. Such strike actions, when they occur, put everything on hold in the affected sectors (health, education, and other social activities) (Oleribe, Ezieme, Oladipo, Akintola, Udofia, and Talor-Robinson 2016; Adesulu, Mosadomi, Olatunji, and Una, 2016).

In 1979, the United Nations General Assembly adopted the Convention on the Elimination of All Forms of Discrimination against Women, which Nigeria is a member state (United Nations 2009). Discrimination, as defined in Article 1 of the Convention, refers to "any distinction, exclusion or restriction made on the basis of sex, in the political, economic, social, cultural, civil or any other field" (United Nations 2009, p.3). Although Nigeria has tried to respond to this development by formulating

policies and programmes aimed at reducing gender inequality in socioeconomic and political domains, no substantial progress has been made (Ekpe, Aloba and Egbe 2014). As shown in the table below, the representation of women in Nigerian politics is extremely low and this is indicative of the continuing lower status of women in public life in Nigeria.

Table 1.1.comparison of female representation in 2003 and 2007 general elections in Nigeria

Serial number	Position	No of available seats	No of women elected and % total in 2003	No of women elected and % total in 2007
1	Presidency	1	0	0
2	Senate	109	2(2.27%)	9(8.26%)
3	House of Representative	360	21(5.83%)	25(6.98%)
4	Governorship	36	0	0
5	State House of Assembly	990	38(3.84%)	54(5.45%)

Source: Gender Audit and IPU PARLINE database (2003 and 2008).

These statistics show that Nigeria is still far from implementing its pledge on women's participation in politics through the 30% affirmative action mandate provided for in the National Women Policy (2000), which was later enlarged to 35% in the National Gender Policy (2006) (Okafor and Akokuwebe 2015). With the

discrimination against women's participation in Nigerian politics, the impact on a female-dominated profession, especially postgraduate nursing education, is predictable (poor attention to policy issues, lack of workforce development, and uncoordinated educational programme structure). The negative impact is worsened by the perception of the political elites in Nigeria that women should be seen and not heard (Ekpe et al. 201

Nigeria is a multi-ethnic nation with over 250 tribes and diverse cultures. The three largest and most prominent tribal groups are the Hausa-Fulani (29%), Yoruba (21%), and Igbo (18%) (Okaka 2017). The vast number of tribes existed independently with separate cultural identities until their amalgamation in 1914 by the British Government to form a united entity that is today called Nigeria (Okaka, 2017). Although the tribes were brought together under a single umbrella, they never considered themselves as part of the same culture, especially with regard to the ever-changing and ethnically biased national leadership.

In a country with more than 250 individual tribal languages, English is the official and unifying language of Nigeria, used in all government communications and government-run schools (Nnonyelu 2009). Other leading indigenous languages, though not a unifying force, are the Hausa language in the North, the Yoruba language in the West, and the Igbo language in the East (Nnonyelu 2009). Pidgin, a mixture of some Nigerian local languages and English, is also common throughout southern Nigeria. Pidgin English, as it often called in Nigeria, evolved from the need for British people in business to communicate with local merchants. Today it is often used in ethnically mixed urban areas as a common form of communication among people who do not have formal education in English (Okaka, 2017; Jones 1970).

Unfortunately, not all members of the political class, who are also the policymakers, cannot necessarily communicate effectively in the English Language, which is the officially accepted language of instruction in Nigeria (Nnonyelu 2009). Therefore, the language barrier is apparently a stiff challenge in the formulation and implementation of educational policy, including as regards nursing.

Most societies are stratified, either in line with economic differences, or by rank (Savage 2014). In America and most parts of the West, wealth is used as a primary index for measuring social class, as explained by Conley (1999). Like other industrialised countries, Great Britain has its own unique class system. In describing this class system, Savage (2014), explained that there are seven social classes in modern-day British society namely: the elite, established middle class, technical middle class, new affluent workers, traditional working class, new service employees and the Precariat. A tiny class, perhaps just 1% of the population, makes up the wealthy, powerful, and highly educated. These must be mentioned here. Compared with Americans, Britons are very class-conscious. According to Macionis and Gerber (2010), the characteristic of the British class system is language and education because features such as accent and distinctive speech are peculiar to each class and these have come to have a powerful impact on British life. As soon as someone speaks, the listener is aware of that person's class or place in the social order and treats him or her according to the privileges and respect belonging to such a class. The United States of America on the other hand is not entirely a meritocratic society. They recognise class distinction on the basis of the type of car a person may be driving or the class of stores the individual patronises (Gerber 2010).

The major way by which the elite in Britain perpetuates the class system from one generation to another is through education. It may be surprising to know that, almost all children go to neighbourhood schools, while Great Britain's richest (about 5% of the population) who are believed to own about 50% of the nation's wealth, send their children to exclusive boarding schools (these schools are perversely called "public" schools) (Nnonyelu 2009). In these schools, the children of this elite class are trained in subjects that are considered to be "proper" for members of that elite ruling group. The British tend to respect their social classes even in the workplace. Just like Britain, the social structure of some other countries is also stratified along the lines of nobility (Okaka 2017). Among these groups of nations are Canada, Spain and Saudi Arabia (Okaka 2017).

The sociocultural system in Nigeria places much emphasis on respect for hierarchy and social status, to the detriment of the subordinates (Nnonyelu 2009). The social structure in the pre-colonial era was just like that of Britain which was based on royalty and nobility. The situation, however, changed after the colonial era as it has been argued that social class in Nigeria was re-defined, with some traditional elements being incorporated into the social stratification as it exists today (Nnonyelu 2009). The Nigerian social structure can be said to be unique as it has strong conventional and religious colouration. The advent of paid employment only slightly modified social stratification from the purely traditional format to one following the pattern of Western societies, thereby aligning the stratification with that of other nations but retaining strong traditional influence (Nnonyelu 2009). This is seen from

the number of people who are willing to add either traditional or religious titles to their names. According to Gere (2013), in Nigeria, it is not uncommon to see people address themselves or others as High Chief, Chief Priest, Chief, Elder, Reverend, Pastor, Bishop, Professor, Doctor, Engineer, Barrister, etc., even in the workplace.

While examining the class structure in Nigeria, Ajayi (2002), stressed that the class among the Hausas was purely based on nobility and wealth, with individuals grouped according to class based on their degree of nobility or royalty. To be a member of this upper class, you have to be born into it, and there is no choice in the matter. Some who are outside this class would have loved to be within this royal class but cannot because of their lineage, and all accept this. Similarly, in Yoruba and Igbo tribes, royalty is a criterion for class distinction (Onwuejeogwu 1981; Otobo, 2005; Obi, 1995).

Nigerian families cannot be said to be westernised in comparison to households in the first world countries despite the extent of education in the country. Ingrained in the country's societal norms is the family lifestyle which generally speaking may appear to be the same from one tribe to another but may differ somewhat across the whole nation. A family norm common to all tribes in the country is the loose use of phrases such as uncle, aunty, brother, sister, mother, father, grandmother, grandfather, cousin etc. Men and women in the society are addressed by titles such as these depending on their age and degree of closeness to the individual who is addressing them. These terms are mostly not used in the same way as they are in

the Anglo-Saxon world. For instance, I could decide to address my father's best friend's mother as my grandmother. This is because she could also pass as my father's mother, maybe in the context of fosterhood, or more as the norm. This has become a common and very important norm in the country because the task of training and looking after a child in Nigeria is more a community work than a family or individual responsibility.

As Nigerians started to be introduced into paid employment, there was a re-defining of the social class, as individuals who had limited education, became mini "gods", because they could understand and speak the language of the "white man" (Nnonyelu 2009). These individuals were quickly appointed as assistants to the colonial officials thereby re-designing the class structure of the society. Although individual class status is not used to determine income, data have shown that those in higher social classes have higher incomes than those in lower classes (Nnonyelu 2009). For example, a doctor, a lawyer or lecturer will earn more than an administrative officer in the civil service. Conditions at work also vary considerably depending on class.

Those who are in the middle/upper-middle class enjoy a greater measure of freedom in their various occupations (Nnonyelu 2009). They are more respected and enjoy a degree of responsibility which includes some authority, while those who fall into the lower classes always feel alienated and find less satisfaction from work (Nnonyelu 2009). The conditions available in the workplace also differ substantially between the

classes and middle-class workers may suffer what is called „alienating conditions“ or lack of satisfaction from the job. Alienation may also result from blue-collar jobs, due to routine work with obvious physical health hazards, injury and perhaps death.

The introduction of colonial administration in Nigeria made explicit a form of stratification which was based on racial distinction and at times on the possession of some technical and administrative skills and the appropriation of central political power (Savage 2014). Aspiring indigenes could do little or nothing about the first form of differentiation, but the acquisition of "European" skills - especially Western education, and the ability to read and write was seen as a platform from which to challenge the political hegemony of the colonial rulers who were in a different class. Education, though essential, was not enough to define the social role of this "new developing class". Wealth and power became another important factor in the quest to change the status of individuals (Savage 2014).

The term middle class has often been used to describe the members of the social group, who are neither in the upper or lower class (Hogan 2006). This group is called the middle class in the sense that their status rested on their intermediary position. The spatial metaphor may not be quite appropriate as they may not necessarily be an intermediary (Hogan 2006). In general term, a middle class implies that there exist two other classes: an upper class and lower class. In the African context, the 'lower class' refers to the mass of African villagers and peasants (Savage 2014). The emergent wage-labouring class must also be added to this group. The social status

of this labouring class is not appreciated any more than that of the African peasants. The upper class can also be referred to as the ruling class. This is a small class of individuals but who are economically and politically dominant: a group made up of entrepreneurs, business administrators, senior colonial officials, district officers, and the array of lesser colonial servants (Kilson, 1958).

Today, the stratification of Nigerian society is to a large extent influenced by the acquisition of Western education and being “well paid” (Savage 2014). Despite this influence, traditional/religious leaders are still ranked first in a hierarchy of three classes of people in society. Second in this hierarchy or ranking are individuals who work with multi-national organisations, especially those in the oil sector, successful businessmen and women and telecommunication industries and then followed by government employees and those in the private sector (Savage 2014).

The most influential theory used at that time to explain the issue of class was Karl Marx’s theory of Class, which focused on how one class in society controls and attempts to direct the entire process of production while the other classes who are the direct producers of goods and providers of services remain subservient to the dominant ruling class (Oghara 2013). The relationship that existed between these classes was antagonistic. Max Weber from his viewpoint emphasised the important role that political power, social status and prestige play in the upper classes’ determination to maintain class distinctions in the society (Oghara 2013).

Despite the controversies and criticisms over the theory of class, there is consensus that the characterisation of classes as outlined by the theory is correct as it exists today in modern capitalist societies (Savage 2014). In most cases, the upper (wealthy) class are easily distinguished by the possession of wealth that is largely inherited, while the working class is made up of mostly manual labourers and semiskilled and unskilled workers (Savage 2014). They are often in service industries and these individuals earn what are considered moderate/low wages from employment and they have little or no access to inherited wealth. The middle class, on the other hand, includes individuals who may be in the middle and higher levels of clerical work, individuals who engage in the technical and professional occupations, and supervisors, managers, self-employed workers, small-scale shopkeepers and businesspeople may fall within this class (Savage 2014).

1.3. Statement of problem

Between 1988 and 2014, an estimate of 880 postgraduate nursing candidates gained admission for either master's or doctoral degree in nursing in Nigerian universities (Ndie 2014). Out of this number, an estimate of 88 students (10%) have completed their programme of study in the core nursing programme; some of the remaining students are still studying to finish their programme while others get frustrated and leave the programme for one reason or the other (Nshi 2014). Meanwhile, from experience, there is a continuing influx of new candidates into the postgraduate nursing programme.

Although there is no research or evidence-based statistics held on the attrition rates, one suggests they must be high, as only a few students who started the programmes have completed them in universities in Nigeria since their inception. Anecdotaly a senior nurse educator in Nigeria, Eshiet (2015) estimates the attrition rate at 20% which appears much lower than the researcher's observations as an insider in a university in Nigeria. The researcher also observed, as an insider, that many students who started the postgraduate nursing programme ended up leaving for more progressive postgraduate courses such as M.Sc. Health Education, Nutrition, Psychology, Public Health, and Epidemiology. Although the postgraduate curricula of these disciplines have the same duration as nursing, their postgraduate students complete their studies faster than postgraduate nursing students. Also, from experience as an insider, some enrolled in accountancy and even business management. However, it seems that most of these nurses still want to retain their nursing jobs with postgraduate certificates obtained from other disciplines because of their love for the nursing profession. From the researcher's informal interaction with some nurses before data collection, their reluctance to leave the nursing jobs for more than a year after completing their postgraduate programmes in the other disciplines suggests that their actions represent a bid for higher certificates, which nursing seems to be slow in providing, and not a deviation from the nursing profession. Nonetheless, few leave their nursing jobs as soon as they complete their postgraduate programmes in other fields of study.

The problem facing postgraduate nursing education in Nigeria is the low rate of programme completion by candidates. The situation affects the capacity to increase the teaching workforce of nurses at the postgraduate schools and to produce an

adequate number of clinical nurse practitioners and researchers with higher certificates in the clinical settings. Nonetheless, the demand for postgraduate nursing education is still very high in order to meet the country's requirements for a workforce of nursing lecturers to staff the 19 universities that have full accreditation to offer nursing education programmes in the country (NMCN 2015).

In South Africa, with a population of 56,000,000 (fifty-six million people), the most recent available figures show that the workforce of registered nurses is 391,517 (South African Nursing Council 2016). However, the current figure for registered nurses (RN) with the minimum registration qualification of a diploma from the schools of nursing in Nigeria is 136,000 (NMCN 2013; Nigeria Nursing World 2013). This number includes specialist nurses, and since NMCN does not have separate registers for first-degree, master's degree, and doctoral degree holders in nursing, it is hard to classify them by degree qualification (NMCN 2013). At a rough estimate based on the registers of nurse leaders' conferences and workshops (NMCN 2013), less than 10% of registered nurses have a first-degree in nursing, less than 0.1% have a Masters of Nursing degree, and less than 0.01% have a doctoral degree in nursing or a related field. One should note that the official population of Nigeria is estimated to reach 188,000,000 (one hundred and eighty-eight million) in 2016 (NPC 2014). The World Health Organisation (WHO) and National Universities Commission (NUC) recommend a nurse-patient ratio of 1:4 (WHO 2012), and a student-teacher ratio of 10:1 (Agbedia 2012) respectively. However, from the researcher's observation as a former student and staff member of one of the universities, the current figures are far below standard. Thus Nigeria is well behind in its implementation. The figures cannot be mentioned here because of the ethical

concerns expressed by the participants during data collection. Giving the exact figures could expose the weakness of the institution which they consider unethical and a punishable offence.

Using the Ebonyi State University and the University of Nigeria, Enugu Campus as examples, the percentage of graduate assistants in the department of nursing, as at the year 2012, was 70% at both universities. The rate of undergraduate nursing students' programme completion was about 96% allowing for attrition resulting from ill health and other personal challenges of the students. The knowledge of the undergraduate programme completion rate is obtained from the direct experience of the researcher who worked at the Ebonyi State University then as a graduate assistant while studying at the University of Nigeria. This target has not been met across a range of postgraduate programmes in Nigeria; however, postgraduate nursing programmes seem to be the most affected (NMCN 2009, NMCN 2012).

To explore their experience of postgraduate nursing education in Nigeria, the researcher set out to understand the students' experiences in their journeys to completion or withdrawal from the postgraduate nursing programme. Views were sought from the students and the staff members of the Departments of Nursing, the University of Nigeria Nsukka, the Obafemi Awolowo University Ile-Ife and the University of Ibadan; the Nursing and Midwifery Council of Nigeria and the National Universities Commission of Nigeria.

1.4. Rationale for the study

This study, it is hoped, will play a role in contributing to the improvement of the postgraduate nursing programme in Nigeria. The study seeks to understand what helps or hinders postgraduate students in Nigeria in completing their programmes. This understanding will help postgraduate nursing policymakers modify their approaches to support student learning. The expected result will be an improvement in the students' programme completion period.

It was decided that the involvement of policymakers and lecturers in the study would enhance a collaborative approach in gaining access to the research environment and may assist in the utilisation of the research findings. Part of the new strategy might be workforce development with a view to producing more nurse lecturers and creating an authentic learning environment.

1.5. Research objectives and research questions

This study seeks to understand the experiences of registered and graduated postgraduate nursing students in their journeys to completion or withdrawal in Nigeria. This study is necessitated by low completion rates and high course attrition rates among postgraduate nursing students in Nigeria. The specific objectives of the study are:

1. To investigate the experiences of nursing students enrolled on a postgraduate nursing education programme in Nigeria.
2. To explore the factors influencing the nursing students' experiences with the postgraduate nursing programmes in Nigeria.

3. To examine the participants' evaluation of the postgraduate nursing education programmes in Nigeria to date in relation to the students' experiences.

The following research questions were addressed to achieve the above objectives.

The main research question is as follows:

How do current and previous postgraduate nursing students in Nigeria experience their journeys through existing postgraduate nursing programmes?

The sub-questions are:

1. What are the experiences of the postgraduate nursing students through the postgraduate nursing education programmes?
2. What are the factors that affect the postgraduate nursing students' experiences through the postgraduate nursing education programmes?
3. What are the views of the participants on the overall performance of the postgraduate nursing education programmes provided in Nigeria about students' experiences to date?

1.6. Search strategy

Exploration of the literature was undertaken using searches of electronic databases, and hand searches of the published literature. A systematic literature review was carried out using the following electronic databases: PsycINFO, SCOPUS, Medline, PubMed and CINAHL. These databases were chosen because of their unique features and relevance to the study topic as outlined in the following paragraph.

Moreover, they contain systematic reviewed and peer-reviewed articles that rank high in the hierarchy of research resource evidence (Walliman and Appleton 2009; Polit and Beck 2012)

PsycINFO is a database of abstracts of literature in the field of psychology, and the nature of the research topic has a link with educational psychology. SCOPUS is the largest database of peer-reviewed literature: scientific journals, books and conference proceedings. It gives a comprehensive overview of the world's research output in the fields of science, technology, medicine, social sciences, and arts and humanities. Scopus features smart tools to track, analyse and visualise research (Walliman and Appleton 2009). CINAHL (Cumulative Index to Nursing and Allied Health Literature) is a research tool for nursing and allied health professionals which helps users to get fast and easy access to full-text in top nursing journals, evidence-based care sheets, and peer-reviewed articles. PubMed is a free digital repository that records publicly accessible full-text scholarly articles that have been published within the biomedical and life sciences journal (Polit and Beck 2012). MEDLINE provides full-text for many of the most-used biomedical and health journals. Many journals are available in this database with no embargo, allowing doctors, nurses, health professionals and researchers to access the information with ease as soon as it is published (Walliman and Appleton).

The following keywords were used across all databases: nursing AND Nigeria, nursing education, postgraduate AND nursing education AND factors, curriculum development. The search document types included reviews, journal articles, proceedings, papers and reports.

The use of database searching was supplemented with a manual search of textbooks, journals and reports, and internet searches using Google Scholar and different websites such as Willey-Blackwell and Elsevier. The inclusion criteria include documents written in English Language, sources from developed and developing countries such as the United Kingdom, United States of America, Australia, Canada, Nigeria, Kenya, Ghana and South Africa. The inclusion of key developed countries (The United Kingdom, United States of America and Australia) was because of their relative advancement regarding workforce development, technological advancement, and programme structure in nursing education (United Kingdom Quality code for higher education, 2014). Other countries, including South Africa, were included for easy comparison. The searches were not restricted by year to ensure all relevant materials could be found.

The document types included are field research reports, reviews, articles and proceedings papers because they undergo peer review before publication. These documents were limited only to those published in the English Language since English is the only internationally recognised language that the researcher understands and communicates in effectively. Relevant references (in-text and reference lists) from the reviewed literature were also explored for more information.

The library staff members in the Queen Margaret University and the Edinburgh University were consulted for assistance in the use and combination of literature search phrases to ensure thoroughness and wider coverage. The librarians also assisted with the management of resources using Ref-work and Ref-me for

referencing and easy retrieval. Summaries in tabular form of the literature search and the major included papers are located in appendices one and two.

In summary, 3,490 materials were identified using the databases from which 31 were selected because they met the inclusion criteria as discussed at the beginning of the search strategy. The breakdown is as follows: SCOPUS = 1,188 hits out of which 11 were selected; CNAHL = 1,600 hits and 13 selected by relevance to the study; PSYCHOINFO = 24 hits and three were selected; PUBMED = 228 hits and two were selected; while MEDLINE = 450 out of which two were selected. The rest of the resources came from direct manual searches of textbooks, journals and reports, and internet searches using Google Scholar and different websites. Reference lists of extant resource materials were also explored for more information.

1.7. Synopsis of chapters 2 - 4

Chapters 2 to 4 offer a review of the literature relevant to the study. Firstly, the search strategy is detailed, followed by a critical review of the literature relevant to the study. The concepts reviewed were organised into three chapters based on their logical sequence.

Chapter 2 addresses the general overview of nursing education in selected countries globally, beginning with the western countries, Asia, and Africa, and narrows down to Nigeria. Chapter 3 explores postgraduate nursing education in Nigeria, the programme completion rates, the mismatch between structure and process, and the factors influencing nursing education in developed and developing countries of the

world. Also, it discusses international partnerships in postgraduate nursing programmes, the influence of western educational systems on postgraduate nursing education in Nigeria, and the impact of the Nigerian bureaucracy and the socio-political scene on postgraduate nursing education.

Chapter 4 looks at the historical perspective of the socio-political context of Nigerian before, during and after colonial rule. It further compares the colonial and post-colonial eras and explores the challenges posed and prospects offered by the historical trends in Nigerian education system.

1.8. Synopsis of chapters 5-11

Chapter 5 discusses the research methods in more detail in terms of the design, area of study, the population of the study, and the process of recruiting the study participants. The chapter further discusses the tools and approach used for data collection, the procedure for data collection, the philosophy underpinning the study, research governance, issues of rigour and ethical considerations. Finally, the researcher explains the processes of data analysis, the proposed method of report dissemination, and the study's limitations and how they can be managed.

Chapters 6 to 8 present the research findings according to the emerging themes identified by the researcher. Each theme, with its emerging sub-themes and categories, is presented in a separate chapter. Chapter 9 critically discusses the research findings, utilising the literature review chapters as the basis for the discussion. The emerging themes, sub-themes and categories from the findings,

guide the discussion chapter. In chapter 10, the researcher reflects in the first person on his experiences through his doctoral degree journey, pointing out his challenges, the management of these challenges and the lessons learned from them. Chapter 11 is the concluding chapter of the thesis.

1.9. Conclusion

This chapter introduced the thesis beginning with the background to nursing education in Nigeria and the current challenges it is facing. The problems necessitating the study were discussed. The literature search strategy was highlighted stating how relevant materials were sourced to form enough background for the data collection and analysis. The search strategy was followed by a summary of the ten chapters that make up the thesis and conclusion. Chapter 2 continues with an overview of nursing education in selected countries around the world beginning with the western countries, followed by Asia, Africa and finally Nigeria.

2. OVERVIEW OF POSTGRADUATE NURSING EDUCATION IN SELECTED COUNTRIES OF THE WORLD

Introduction

To set the context for the study in relation to nurse education in Nigeria this chapter explores the development of nurse education in Western societies and other nations. Globally, nursing and medicine had a common origin in ancient traditional healing practices linked to witchcraft; though each existed independently without contact for years (Deloughery 1977). However, when medicine was undergoing transformation into its modern form, nursing was satisfied with its practical experience in caring for the sick without scientific concepts (Deloughery 1977). Nursing in across the ages and different cultures has often been a role ascribed to women, while medicine was considered more of men's role. Indeed, Florence Nightingale, a key figure in both nineteenth century British nursing reform and the British Sanitarian movement, was particularly insistent that hospital authorities who were intent on modernising their nursing workforces should dismiss any men employed in caring roles in their institutions. When the male physicians saw the important roles of the female nurses, they sought collaboration with them, but influenced the nurses' initial education, exploiting gender superiority and a modern scientific model of practice (Deloughery 1977).

The history of modern nursing and the on-going reforms globally are associated with the pioneering work of Florence Nightingale (Deloughery 1977). This overview focusses on the development of nursing education in selected countries of the world beginning with the United Kingdom, the home country of Florence Nightingale and

key to her status as the founder of modern nursing and at that time an influential voice on welfare reform within the British Empire. This is followed by discussions of nursing education in the United States of America, Australia, Turkey, Egypt, South Africa, Ghana, and Nigeria. These countries were selected because of their unique roles in the development of nursing education in their respective continents and regions and because of the influences they have had on Nigeria. and its own post colonial history and development.

2.1. Nursing Education in the United Kingdom

The history of nursing in the United Kingdom dates back to ancient times when the sick were cared for in temples and houses of worship. In the early Christian era, certain women in the Church undertook nursing duties, and these women had no real training by today's standards. However, experience taught them useful skills, especially in the use of herbs and traditional medicines in the treatment of health problems. The evidence of the influence of religion on nurses in Britain today is the retention of the term "Sister" for a senior female nurse (Brian 1960; Maggs 1983). In addition, the military played a role in influencing nursing practice, hence, the retention of the name "Charge Nurse" borrowed from military nursing (Brian 1960).

Until the mid-nineteenth century, nursing practice was viewed from a very negative perspective of gender relations and perceptions of social class, it was not a process which was thought to demand either skill, or training (Brian 1960; Gaffiney 1982). In the words of Florence Nightingale, nursing was left to 'those who were too old, too

weak, too drunken, too dirty, too stupid or too bad to do anything else' (Brian 1960, p. 55). The personal care work done for the patients by the nurses was considered an unfit activity for young, unmarried or well-bred females, especially if the patient was not a family member. For instance, the cleaning and feeding of another person were regarded as domestic tasks performed by servants (Thomas 2016).

Florence Nightingale is commonly regarded as the founder of the modern nursing profession. There was no hospital training school for nurses until one was established in 1846 in Kaiserswerth, Germany. There, Nightingale received the training that empowered her in 1860 to establish the pioneer school at St Thomas' Hospital in London, which was designed to train nurses rather than just to provide a nursing service for the hospital (Goodrick and Reay 2010; Davies 2012). The training institution was committed to communicating the philosophy of Florence Nightingale as its founder (Davies 2012).

During the Crimean War against Russia, Sir Sidney Herbert appointed Nightingale to oversee the introduction of female nurses into the military hospitals in Turkey. Political and social welfare reformers had been appalled by the conditions in which the British Army had allowed their sick and wounded to be treated in. In November 1854, Nightingale arrived at the Barrack Hospital at Scutari, accompanied by ten nurses and ten nuns. At first, the doctors did not want the nurses there and did not ask for their help, but within ten days fresh casualties arrived from the Battle of Inkermann and the nurses were fully stretched. Nightingale was worried at what she found in the makeshift hospital: doctors were reusing infected rags, the used rags

were just kept in piles, and the soldiers left them unwashed with blood clots. She introduced sanitary protocols and eventually reduced the casualty rate by fifty percent (Goodrick and Reay 2010).

When state registration of the medical profession began in 1858, many nurses were of the opinion that the nursing profession needed a similar programme of reform. That year, the Nursing Record (renamed the British Journal of Nursing in 1902), a nursing journal, called for the commencement of the process of registration of trained nurses, registration was resisted by Nightingale, as an educational process designed to exclude working class women, but her peers recognized its professional status value and the College of Nursing was a particularly strong advocate. By the 1880s, the Hospitals Association (an early version of the NHS Confederation) was committed to the process of registration for nurses. The Matrons' Committee, comprising the matrons of the leading hospitals, agreed with registration, but differed in their views of the required length of training, arguing for three years as opposed to the one supported by the Hospitals Association. In 1887, the Hospitals Association over-ruled the matrons and established a non-statutory voluntary register.

At this, the Matrons' Committee split between one group which supported the Hospitals Association and another faction, led by Ethel Gordon Fenwick, which opposed the new register and sought to align themselves more closely with the medical profession. Florence Nightingale, however, supported neither group and was opposed to any form of regulation for nursing because of her belief that the essential

qualities of the nurse could not be taught, examined nor regulated. This attachment of nursing to the medical profession seems to still be effective in Nigeria to date, hence, the inclusion of doctors as board members of the Nursing and Midwifery Council of Nigeria (NMCN 2014). Their inclusion as board members makes the nursing profession prone to doctors' dominance in policy and administration and also reflects the continuing problematic of patriarchy in modern Nigerian society and the place of 'women in the 'kitchen'¹, or as part of public society, not least in terms of representation, employment and access to education and welfare.

Royal patronage also played a significant role. Princess Helena, the daughter of Queen Victoria, was an important figure in sponsoring and legitimizing the profession. Helena had a firm interest in nursing and became President of the British Nurses' Association upon its foundation in 1887. In 1891, it received the prefix "Royal," and it received the Royal Charter the following year. She was a strong supporter of nurse registration, despite the opposition by both Florence Nightingale and other leading public figures (Sewery 1999). Nightingale in particular was concerned

¹“My wife belongs to my kitchen¹” was president Buhari’s response to his wife, Aisha Buhari’s comment on an interview of 14 October 2016 that she might not support him if he runs for an election in 2019 without making amends in his governance of Nigeria. “It was excused as a joke, but the president’s words matter as millions of girls are forced to stifle their dreams to meet the expectations of a patriarchal Nigerian culture” (Alonge 2016, p.2).

about the potential loss of working class women who would be expected to perform the 'hands on' care. On the other hand, in a speech Helena made in 1893, she made clear that the RBNA was working towards "improving the education and status of those devoted and self-sacrificing women whose whole lives have been devoted to tending the sick, the suffering, and the dying" (Sewery 1999, p. 119). In the same speech, she warned about the opposition and misrepresentation they had encountered. The speech, while expressing liberal ideas about the social; inclusion of women, was also an exemplary example of a discourse that still rested on hegemonic assumptions about the role of women and their 'natural' condition as carers; a feature of societies today in Nigeria and the UK. In the UK, in 2018, less than ten per cent of the nursing profession on the NMC register are men (NMC 2018).

In 1887, the group of nurses linked with Ethel Gordon Fenwick formed the British Nurses' Association (BNA), which sought to unite all British nurses in the membership of a recognised profession for women. They were still required to provide evidence for their registration on terms satisfactory to physicians and surgeons, that showed they had received systematic training. Consequently, two separate voluntary registers now existed. Whereas that maintained by the Hospitals Association was purely an administrative list, the register established by the BNA had a more explicit public protection remit. In the year 1892, it was accepted in the

voluntary hospitals that the matron was the head of an independent operation, controlling her own staff and reporting directly to the hospital committee.

As at 1901, men were employed almost entirely as mental nurses and were not admitted to nursing training schools; moreover, they were not allowed to join the professional nursing register (Brian 1960). Individual schools of nursing, for example Westminster School of Nursing, continued to exclude men from training until the 1980s. The Royal College of Nursing itself did not accept men as members till 1960. Nevertheless, by 1951, they were officially allowed to register as professional nurses in the United Kingdom (Thomas 2016). The Queen Alexandra's Imperial Military Nursing Service (QAIMNS) was established in 1902 and named after the founder, Queen Alexandra; the Queen became its president (Gordon, Peter; Doughan, David 2001). In 1949, the QAIMNS became a corps in the British Army with the name Queen Alexandra's Royal Army Nursing Corps. The organisation has been training nurses since 1950, but men were still not allowed to join their training school for Officers until 1992, previous recruits could only obtain non-commissioned status (Gordon, Peter; Doughan, David 2001).

The RBNA gradually went into decline following the Nurses Registration Act 1919; after six failed attempts between 1904 and 1918, the British Parliament passed the bill allowing formal nurse registration in 1918 (Battiscomb 1969; McBride 1985). The result was the establishment of the Royal College of Nursing (RCN) in 1919, and the RBNA losing membership and dominance (McBride 1985). Helena supported the

proposed amalgamation of the RBNA with the new RCN, but that proved unsuccessful when the RBNA pulled out of the negotiations. However, Princess Helena remained active in other nursing organisations (McBride 1985).

The College of Nursing (later the Royal College of Nursing) was established in 1916 and three years later persuaded a backbench Member of Parliament (MP), Major Richard Barnett, to introduce a private members bill to establish a regulatory system. The bill was finally passed in December 1919 and separate Nurses Registration Acts were passed for England/Wales, Scotland and Ireland, which was still part of the United Kingdom at the time. These acts established the General Nursing Council for England and Wales and the other bodies which survived intact until the legislative changes in 1979 which were to create the UKCC and the National Boards of Nursing. Ethel Gordon Fenwick was the first nurse on the English register.

There were other developmental milestones in nursing education in the United Kingdom. The University of Edinburgh commenced the first course for clinical nurse teachers in 1950, and the first degree in nursing in 1960, twenty years ahead of the first degree course in Nigeria. The first professor of nursing was appointed by Manchester University in the year 1970. In the same year, the Royal College of Nursing (RCN) became a legally registered trade union.

Campaigning pressure from the RCN, and other Nursing unions, such as the Confederation of Health Service Employees (COHSE), on then Labour government to consider issues around the quality and nature of nurse training, its remuneration and the place of nursing within the NHS led to the establishment of the Briggs Committee in 1970. and pay reforms by the Clegg Commission (1979). In 1972, the Briggs Committee recommended a number of changes to professional nursing education. These included the replacement of the existing regulatory structure (involving nine separate bodies across the United Kingdom) with a unified central council and separate boards in each of the four countries with specific responsibility for education. After six years of deliberation, the modified Briggs Committee proposals formed the basis for the establishment of the Nurses, Midwives and Health Visitors Act 1979, which came into force in 1983. The delay in proposing and passing the Act was due to concerns about centralisation of misconduct investigations, lack of consensus within the professions (especially from midwives), and a lack of government will to enact the legislation, since both the Briggs Committee and the Clegg Commission had been set up by a previous Labour administration, and the Conservative government of Margaret Thatcher was set on a course of deregulation and a wide programme of cuts to public spending.

Nevertheless, in 1983, the UKCC was set up. Its core functions were to maintain a register of UK nurses, midwives and health visitors, provide guidance to registrants, and handle professional misconduct complaints. At the same time, National Boards were created for each of the UK countries. Their main functions were to monitor the

quality of nursing and midwifery education courses and to maintain the training records of students on these courses (NMC.UK 2006).

This structure survived with minor modifications until April 2002, when the UKCC ceased to exist and its functions were taken over by a new Nursing and Midwifery Council (NMC). The English National Board was also abolished, and its quality assurance function was taken over by the NMC. The other National Boards were also abolished, but new bodies were created in each country to take over some of their functions, for example, NES in Scotland, though this organisation does not retain regulatory responsibilities (NMC.UK 2006).

The nursing profession in Nigeria passed through the same formative process as the United Kingdom (Udontre 2011). The first organization of nurses in Nigeria, the Nigeria Union of Nurses (NUN), was formed in 1938 and registered in 1943. However, in 1957, another nurses' organization, the Professional Association of Trained Nurses of Nigeria (PATNON) was formed at the University College Hospital (UCH) in Ibadan by a small group of nurses who were trained in the United Kingdom (Naija nurses 2008). Later the same year, PATNON changed its name to the Nigeria Nurses Association (NNA). The formation of the PATNON was necessitated by the need to improve the image of the nursing profession and the standard of nursing practice in Nigeria (Naija nurses 2008). Other groups of nurses emerged as professional bodies, but NUN and PATNON were the most prominent and competed for control of the whole profession until 1977 when the National Association of

Nigeria Nurses and Midwives (NANNM) was formed as an umbrella trade union for the Nigerian nurses and midwives (NMCN 2012; Naija nurses 2008).

The Briggs Committee suggested setting up a degree programme in nursing as the minimum preparation for pre-registration of nurses in the United Kingdom in 1972. In 1983 the Griffiths Report established the concept of general management in National Health Services (NHS), which took over leadership from nurses and doctors. In practice, nursing lost more leadership positions, because more medical staff were appointed to general management posts.

Following the Briggs Committee's suggestions to transfer new diploma training programmes for nurses to colleges and universities, rather than the hospital-based schools of nursing which had previously monopolised certificate level programmes, Planning for 'Project 2000' was undertaken in 1986. Project 2000 was a system introduced in the early 1990s, which moved the education of nurses out of hospitals and into colleges of nursing formed by the combining small schools of nursing (Eaton 2012). Nurse tutors during this period were encouraged to pursue part time study to achieve undergraduate, or even post graduate degrees. Relatively few were encouraged or sought to study at doctoral level. This in many cases was only considered as a necessity for the new Nursing Directors of the Colleges, who in most cases were previously Heads of Nursing Schools.

Instead of the old apprenticeship system where nurses were attached to hospital schools and trained on the job, usually by tutors with only professional certificate level training themselves. They now had to study off-site for a diploma, or later a degree which had gained the approval of the RCN in 2004 (Eaton 2012). This initiative was set in motion by the then Minister of Health and Social Security, Kenneth Clarke, and in 2009, all diploma nursing courses in the United Kingdom were moved to the universities to be taken as degree programmes (Eaton 2012). Resistance from the leadership of many of the newly formed UK colleges of nursing and elements within the UKCC was effectively overcome by the two factors. First, heads of colleges were key negotiators in selecting which local university to merge with. Second, universities offered college leaders managerial positions, often with professorial titles, in their own institutions. Resistance from universities themselves to potential mergers was also overcome by the realisation that NHS Regional Health Authorities were funded by the UK Government to offer substantial dowries, to universities accepting colleges of nursing.

It is obvious from the development account above of nursing education in the United Kingdom that both medical and professional nursing practice and education progressed significantly through the nineteenth and twentieth centuries. Nursing had become a more organised group, seeking to acquire the four key characteristics of a profession as described by Blane (1991). Firstly, the profession claimed to represent a highly skilled sector of the labour market with a defined body of specialised knowledge. This knowledge would be transmitted to trainees who are prepared appropriately in institutions increasingly under the control of the profession; the

knowledge base is extended through research. This assertion by Blane is problematic, since many UK nurse educators still considered nursing education as a training dependent on good practice experiences, rather than by the development of nursing research. This was also a view held by many senior nurse managers in practice, whose own careers emerged from the apprenticeship model. Secondly, Blane argued professional status depended on a monopoly on the field of work in that practitioners must be registered by the state as being suitable to practice as a legally recognized profession and there would agreement by substantial employers that only those registered would be given a job. Thirdly, according to Blane, the profession can claim autonomy in the organization, development and definition of the nature of the work undertaken. This implies that only a member of the profession is competent to assess another professional's work. Fourthly, there would need to be a code of ethics that prohibiting the exploitation of clients and regulating inter-professional relations.

All of these characteristics of a profession are now more fully embedded to some degree in nursing in the UK, in comparison to Nigeria. The specialised knowledge required to practice competently has expanded in the UK, as new treatments have been discovered, necessitating enhanced knowledge and advanced professional decision-making skills. This shift in the division of labour has also been accentuated by increasing technical demands on medicine and an overall increase in the level of demand on health services in the UK. These reasons have helped underpin the move to higher academic levels and movement of education from hospital-based schools, where the apprenticeship model of learning (and cheap labour) was

common, to colleges and finally universities where all initial preparation is now at degree level.

Political lobbying after the First World War by the early British Nurses Association led to the General Nursing Council being established in 1919. The war had fundamentally changed social expectations of women in UK society. In 1979; the role of registering members of the nursing profession was passed to the United Kingdom Central Council, and then to the Nursing and Midwifery Council in 2002 and these bodies have since defined the scope of practice and code of ethics for the UK profession.

UK universities' entry qualifications for preregistration nursing programmes are based on assumptions about the desirability, indeed, the necessity of a wide entry gate. Entry age is set 17 years of age, 11-12 years of general education and candidates are required to have certain grades in specific subjects. In order to widen access to mature students and other people who lack traditional educational qualifications, many universities have link schemes with further education colleges running access courses and vocational qualification schemes to give special consideration to those wanting to apply for nurse diploma courses. Nursing has without doubt played a major role in the UK in opening up access to Universities for women, especially from households where no family member was ever expected to enter higher education. The exit qualification is a degree in England Wales, Scotland, and Northern Ireland (Moore 2005, NMC.UK 2007). The length of training

is three or four years for degree courses depending on what each UK nation offers in terms of honours or ordinary degree programmes (Moore 2005, NMC.UK 2007). The process and specialities are a common foundation programme followed by specialization and qualification in adult, child, mental health or learning disability nursing. Midwifery is a separate course (Moore 2005, NMC.UK 2007).

Entry into higher education has meant that the profession is now able to access a wider range of post-registration education and career paths, through continuing professional development programmes; post-graduate diplomas; bachelors and master's degrees. Advanced nursing practice nurse practitioner (NP) and clinical nurse specialist (CNS) posts are available in a wide range of areas. The list of NP courses published by the Royal College of Nursing (RCN) indicates that some but not all are at Master's degree level; consultant nurse posts have been introduced to improve the clinical career structure (RCN 2005). Many universities in the United Kingdom offer Master's and Doctoral degrees in nursing/healthcare. Some universities, including Queen Margaret University, offer a taught doctorate with a professional orientation.

The current regulatory authority is the Nursing and Midwifery Council of the United Kingdom (NMC) (NMC.UK 2007). The Council's authority is derived from statute and it has a statutory obligation to protect the public (Moore 2005). The Council Assures fitness to practise at the point of registration through determining standards for education and entry to the register; assuring standards through the course and institutional approval; quality monitoring, and periodic review (Moore 2005). The

council is also responsible for professional conduct matters and ensuring continuing competence (Moore 2005). The NMC, as a professional self-regulating body was however severely taken to task for a policy of 'light regulation', albeit a policy encouraged by its paymaster, the UK Government, which failed to ensure protection of the public in relation to the tragic events that unfolded at The Mid Staffordshire NHS Trust (Francis 2013). The NMC is now answerable to an overarching professional standards body for the UK health professions, The Health Professions Council (HPC), which since 1 August 2012 was renamed the Health and Care Professions Council (HCPC). This is not the autonomy of regulation envisaged by Blane (1991).

In order to practise in the UK, nurses have to be registered with the NMC. Registration has to be renewed every three years and is dependent on evidence of continuing professional development (NMC.UK 2007). As at 2007, the NMC stated that work is in progress on legislation to register advanced nursing practice and that competencies are being mapped to the Knowledge and Skills Framework (Eaton 2012).

Whereas NMCN is the professional body that regulates the standard of practice and nursing education in Nigeria, NANNM is the umbrella trade union of the nurses that campaigns for the welfare and proper remuneration of each member (NMCN 2015). NMCN is similar to the NMC in the UK, while NANNM corresponds to the RCN in the UK and, to a lesser degree, other Nursing unions such as Unison. The leadership of

NANNM is made up of non-graduate nurses who see graduate nurses as threats to their career progression and leadership (Egwuenu and Nshi 2015). This is not an imagined threat, Nigerian civil service regulations requires that non-graduates in civil service posts cannot be promoted beyond grade level 14; while graduates could be promoted up to grade level 17 (the policy and decision-making level). Moreover, this rule provides that a civil servant on a higher-grade level cannot be replaced by one on a lower grade level (Adekunl2010). These provisions made the NANNM leadership fight against the promotion of the qualified graduate nurses beyond grade level 14, lest, they lose their own positions, and those of their comrades to graduate nurses (Egwuenu and Nshi 2015).

The University Graduates of Nursing Science Association (UGONSA) was founded as Graduate Nurses Association of Nigeria (GNAN) in 1985 to address this anomaly (Egwuenu and Nshi 2015). UGONSA was formed with the aims of promoting leadership and professional advancement in nursing and raising and maintaining a professional standard in nursing education, research and practice in Nigeria (Egwuenu and Nshi 2015). The organisation is still pursuing those aims to date despite strong oppositions from non-degree holding nurses who feel threatened by the reforms processes.

2.2. Nursing Education in the United States of America

Before the 1870s, women working as nurse in the United States, were largely employed in American hospitals and were untrained, working-class nurses, and accorded lowly status by both the medical profession and the public, as was the case in the United

Kingdom before the birth of modern nursing (D'Antonio 1993). Urbanisation from the early nineteenth-century led to the building of more hospitals in more populated parts of the country, especially, in the larger cities. Nursing care in these institutions varied in quality; in hospitals operated by some religious nursing orders, patients were said to receive better quality care. In other institutions, however, nursing care was relatively poor and disorganised (D'Antonio 1993).

After identifying the importance of good nursing care to a patient's wellbeing, Valentine Seaman, a New York physician organised an early course of lectures for nurses who cared for maternity patients in 1798. An early nineteenth-century programme, the Nurse Society of Philadelphia, trained women in caring for mothers during childbirth and the postpartum period between 1839 and 1850, thus establishing an early practice of engaging nurses for the care of patients in the home.

The outbreak of the Civil War created an immediate need for capable nurses to care for the enormous number of sick and wounded. About 20,000 mainly white women and some men are recorded as serving as volunteer nurses in both the Northern and Southern states of America, but the Southern States also significantly depended on the service of Black slaves, both men and women. Many, such as Sojourner Truth, or Harriet Tubman, ran away to either work or fight for the North and their own subsequent emancipation. As earlier in the Crimean conflict the commendable service rendered by Civil War nurses provided a rationale for future experiments in setting up training programmes for nursing in the USA. One such programme was initiated in Pennsylvania where the Women's Hospital of Philadelphia offered a six

months nurse training course, which graduated its first class in 1869 (D'Antonio 1993).

In 1872 the first nursing school, the New England Hospital for Women, emerged in the United States. At this time, hospital-based training programmes focused on service for the hospital and not on nursing education. In the year 1873, Linda Richards became the first nurse trainee to graduate from the New England Hospital for Women programme after just one year. She trained under the Florence Nightingale model, which involved evidence-based practice and systematic data collection as part of patient (D'Antonio 1993).

The year 1873 was a turning point in American professional nursing history. In that year, three nurse educational programmes: the New York Training School at Bellevue Hospital, the Connecticut Training School at the State Hospital (also called New Haven Hospital) and the Boston Training School at Massachusetts General Hospital were established. These three programmes, which followed Florence Nightingale's model in the United Kingdom, are commonly recognised as the forerunners of organised, professional nurse education in the United States. The success of these three schools led to the replication of similar nursing schools throughout the United States of America (Judd and Sitzman 2013)

By 1900, there were approximately 800 functional schools of nursing in the country. The schools were either affiliated with or owned by hospitals that provided the students with the necessary clinical experiences considered appropriate for the education of a nurse. Students received two to three years of training. While in the

programme, students carried out the majority of patient care activities offered in the hospital, receiving only a bit of classroom education in the form of lectures on patient care and related subjects. At the end of the educational programme, students received a diploma certificate qualifying them to work as a trained nurse (Kalisch and Kalisch 1986).

These early nurse education programmes were, in reality, little more than apprenticeship programmes that like their UK counterparts used student nurses for their labour. Despite their significant shortcomings, however, they proved very popular with both hospitals and students and created a pattern of hospital-based nurse education that persisted until the mid-twentieth century. While many criticised the exploitative nature of the nurse education system, the presence of trained nurses with their emphasis on cleanliness, orderliness and close observation of patients helped eventually transform hospitals into institutions of caring looking to scientific methods to improve practice.

As the number of nurses grew in the late nineteenth century, nursing took on the fundamental characteristics of a profession. In the 1890s, nurses organised two major professional associations: the American Society of Superintendents of Hospital Training Schools later renamed the National League for Nursing Education, and the Associated Alumnae of the United States, later renamed the American Nurses Association. Other major organizations, such as the National Association of Coloured Graduate Nurses and the National Organization for Public Health Nursing formed in the early twentieth century, the establishment of the former was a response to State level enforced segregation and other forms of denial of civil rights towards African Americans in the American South, which included systematic

exclusion from schools of nursing and University based nursing programmes. State nurses' associations also organised and were instrumental in passing state nurse registration acts which regulated and provided a licensing system for nursing practice. The successful passage of nurse registration acts, considered a significant legislative accomplishment at a time when women held little political power, also provided nurses with their modern legal title, registered professional nurses (RN).

Nursing as a profession grew rapidly in the late 19th century following the United Kingdom model as most hospitals set up nursing schools that attracted aspiring women from middle- and working-class backgrounds. Hospital nursing schools in the United States and Canada took the lead in applying Nightingale's model to their training program. For example, Isabel Hampton Robb (1860–1910), as director of the new Johns Hopkins Hospital Training School for Nurses, deliberately set out to use advanced training to upgrade the social status of nursing to a middle-class career. The upgrading was done to improve the salaries and status of the nursing workforce instead of a low pay, low status, long hours, and heavy work job for working-class women (Vogel and Rosenberg 1997; Ramos 1997).

However, the transformation faced some internal challenges. Campbell (1984, p. 50), summarised the challenges as follows:

Nursing enjoyed a great humanitarian tradition and clearly attracted so many women because of its goal of helping sick people. On the other hand, the remarkable advances in medical science and technology and in the organizing, financing, and delivery of patient care had wrought radical transformations since the days of Nightingale and Barton. Nursing was poised

to become a technological field that required extensive training, far more than was usually available. Should nurses be technicians or humanitarians?

This was a typically gendered argument about the nature of emotional labour and cognitive intelligence which failed to address the possibility that women, as nurses, could exhibit both qualities. Before the Second World War, nurses were politically too weakly organised to resolve the tension. Physicians controlled nurses in hospital service and public health; those in private practice operated as individuals and had no collective power. The war changed everything, Nurses ran the nurse corps and as officers, they had senior administrative roles over major operations. They commanded hundreds of thousands of men who worked in the wards. They learned how power works. After the war they took control of the ANA; they dispensed with control by the Red Cross. The women who had served in field and evacuation hospitals in Europe and the Pacific ignored the older traditionalists who resented the superior skills and command presence of the new generation. They had "become accustomed to taking the initiative, making quick decisions, and adopting innovative solutions to a broad range of medical-related problems." (Bellafaire 1993, p.24) They used the prestige of their profession to chart their own course (Campbell 1984).

The American Nurses Association became the premier professional nursing membership organization. It integrated racially, absorbing the National Association of Coloured Graduate Nurses in 1951 (Kalisch and Kalisch 1986) This was an enormous step forward in the face of a growing backlash against the civil rights

movement. Male nurses, however, remained outsiders and were kept out of nursing schools (Kalisch and Kalisch 1986). Nevertheless, the Red Cross lost its central role in supplying military nurses. Its moral mandate had been weakened by its inability to prevent the nazification of the German Red Cross and its failure to challenge German genocide. The National Nursing Council was disbanded, as was the Procurement and Assignment Service of the War Manpower Convention. The Cadet Nurse Corps closed down in 1948. The ANA campaigned for better pay and working conditions, for in 1946, the average RN earned about one dollar an hour—or \$175 a month, ranging from \$153 for private duty nurses to \$207 for nurse educators. The hospital system fought back and secured an exemption from the National Labor Relations Act that made unionization very difficult. The National Organization of Hospital Schools of Nursing also launched a last-ditch fight to stop the movement of all nursing education into universities (Campbell 1986).

Private duty nursing, carried out in people homes, rapidly declined after the Great Depression of 1929-39 lowered family incomes. Hospitals increasingly handled the round-the-clock care of sick people for they had the staff, expertise and the equipment to treat them. Furthermore, hospitals were more efficient and cheaper than private duty nurses who cared for only one patient at a time. Nursing students spent much more of their time studying, rather than being employed as pairs of hands. To replace their work hospitals hired graduate nurses who had finished their training and wanted permanent careers, as well as lower-paid aides, attendants and practical nurses who handled many chores (Melosh 1982). In 1946, the nation's hospitals employed 178,000 nursing auxiliaries; six years later they employed

297,000. The new staff allowed the proportion of hospital patient care provided by RNs to fall from 75% to 30% (Kalish and Kalish 1986).

The Nurse Training Act moved to phase out hospital schools and increase the number of baccalaureate nurses by requiring that all nursing education should take place in institutions of higher education. Graduate studies and advanced practice programmes were also initiated (Lynaugh 2008).

The Nurse Training Act of 1964 transformed the education of nursing, moving the locale from hospitals to universities and community colleges (Lynaugh 2008) There was a sharp increase in the number of nurses; not only did the supply increase but more women remained in the profession after their marriage. Salaries went up, as did specialization and the growth of administrative roles for nurses in both the academic and hospital environments (D'Antonio 2007). Private duty nursing, once the mainstay for older RNs, became less prevalent. D'Antonio key study traces the history over six decades of a cohort of nurses who graduated in 1919, going back and forth between paid employment and housework (D'Antonio 2007; James 1979).

The possibility of a nursing qualification acting as an international passport was considerably enhanced by the growth of post war Western health systems. They needed skilled labour that their domestic education programmes did not have the capacity to fulfil. From 1965 through 1988, a surge of 70,000-trained nurses immigrated to the U.S. for jobs that paid much better than their home countries.

There was a similar process in the UK, which was actively recruiting from its former colonies as a reserve army of labour to staff its new welfare state. In the US, most migrant nurses and auxiliaries were from Asia. The Philippines had especially strong connections with American nursing since American military intervention there in 1898. After World War II the Philippines Government sought to resolve its own mass unemployment issues by adopted a national policy to train and export highly skilled nurses across the globe to build up the Philippine economy through remittances. The number of Philippine nursing schools soared from 17 in 1950 to 140 in 1970, together with a stress on building English language proficiency. The new arrivals organised and formed local groups that merged into the National Federation of Philippines Nurses Associations in the United States (Choy 2003, p.1).

Nursing in the United States is provided by several levels of professional and paraprofessional staff. Sometimes called orderlies, Certified Nursing Assistants qualify after completing a 75-hour vocational course to perform a limited range of procedures in support of Registered Nurses, under whose supervision they are generally required to work. These include taking vital signs, dispensing prescribed medications, bathing patients, and moving patients in wheelchairs (Antonio 2010). In addition to the duties of a CNA, a Licensed Practical Nurse (LPN) is generally also qualified to administer injections, perform therapeutic massage, prepare patients for surgical procedures, maintain patient medical records, change bandages and dressings, and sometimes manage intravenous drips. LPNs are also responsible for communicating a patient's needs to medical staff. LPNs qualify after a one-year vocational course. Registered Nurses (RN) register after completing an Associate of

Science (A.S.) in Nursing or Bachelor of Science (B.S.) in Nursing. In addition to the duties of CNAs and LPNs, RNs are qualified to make nursing diagnoses and to supervise the work of CNAs and LPNs. Advanced Practice Registered Nurses (APRN) register after obtaining RN status and then completing postgraduate education in a specialised aspect of nursing. Advanced Practice Registered Nurses include nurse midwives, nurse practitioners, clinical nurse specialist and nurse anaesthetists.

Higher education for US nurses is diverse, and indicative of the apparent need for a wide entry gate, as in the UK, but also because registration is at State level, rather than Federal level. According to D'Antonio (2010), registered nurses generally receive their basic preparation through one of four basic avenues; Diploma in Nursing, Associate of Science in Nursing, Bachelor of Science in Nursing, and Master of Science in Nursing. Diploma in Nursing is a three-year certificate programme from a hospital-based school of nursing. Few of these programmes remain in the United States of America and the proportion of nurses practising with a diploma is rapidly decreasing. To obtain status as an Associate of Science in Nursing the student undertakes two to three years of college-level study with a strong emphasis on clinical knowledge and skills. Graduates of the programme-nursing programme are conferred with the degree of ASN/AAS or ADN in Nursing.

The Bachelor of Science in Nursing is a four or five-year programme with enhanced emphasis on leadership and research as well as clinically focused courses. On

completion of the programme, graduates are conferred with a BSN or BN certificate from the university. A Master of Science in Nursing requires one to three years to complete with an emphasis on leadership and research as well as clinically focused courses for students who already hold a bachelor's degree, or higher degree, in an academic field other than nursing. On programme completion, the students are awarded the MSN degree.

There are also special programmes for "LPN to RN", for LPNs seeking an RN degree. There are also accelerated baccalaureate nursing programmes that take 1.5 to 2 years for people who hold undergraduate degrees in other disciplines, such as respiratory therapists and paramedics/military medics. Graduates of all programs, once licensed, are eligible for employment as entry-level staff nurses (Judd and Sitzman 2013).

Prerequisites for nursing school depend on the school and State Board requirements, with baccalaureate programmes requiring more courses, in general, than associate degree programs. Usual courses include three years of math, three years of science, including biology and chemistry, four years of English and two years of language. Additionally, human development, human anatomy with lab, human physiology with lab, microbiology with lab, nutritional science and English composition may be required. Applicants are usually expected to have a high-grade point average, especially in the core prerequisites of anatomy, microbiology, chemistry and physiology (Bradshaw 2014).

A typical course of study at any level typically includes such modules as, anatomy and physiology, epidemiology, pharmacology and medication administration, psychology, ethics, nursing theory and legal issues in nursing.

Brashaw (2014), states that all pathways into practice require that the candidate receive clinical training in nursing. Care is delivered by the student nurses under academic supervision in a hospital and in other practice settings. Clinical courses typically include Maternal-child nursing, Paediatric nursing, Adult medical-surgical nursing, Geriatric Nursing, and Psychiatric nursing.

While in clinical training, student nurses are identified by a special uniform to distinguish them from licensed professionals. In many nursing programmes in the United States, a computerised exam is given before, during, and upon completion to evaluate the student and nursing programme outcomes. This exam, upon completion of the nursing program, measures a student's readiness for the NCLEX-RN or NCLEX-PN state board licensure examination. The examination identifies strengths, weaknesses, and areas for remediation prior to taking the state board examination. This is not a requirement of all nursing programmes in the United States but has increased its usage in the past three to four years (Bradshaw 2014; Judd and Sitzman 2013)

The American Nursing profession is characterised by its ethos of self-improvement. It is relatively common for American RNs to seek additional education to earn a Master of Science in Nursing or Doctor of Nursing Science to prepare for leadership or advanced practice roles within nursing. Management and teaching positions increasingly require candidates to hold an advanced degree in nursing (D'Antonio 2010). Many hospitals offer tuition reimbursement or assistance to nurses who want to continue their education beyond their basic preparation (Judd and Sitzman 2013).

Many nurses pursue voluntary speciality certification through professional organizations and certifying bodies in order to demonstrate advanced knowledge and skills in their area of expertise (D'Antonio 2010). Most parts of the United States of America and its territories require RNs to graduate from an accredited nursing programme, which allows the candidate to sit for the NCLEX-RN, a standardised examination administered through the National Council of State Nursing Boards. Successful completion of the NCLEX-RN is required for state licensure as an RN. Nurses from other countries are required to be proficient in English and have their educational credentials evaluated by an association known as the Commission on Graduates of Foreign Nursing Schools prior to being permitted to take the U.S. licensing examination (D'Antonio 2010; Andrist 2006).

2.3. Nursing Education in Australia

Early nursing in Australia was influenced greatly by British nursing traditions and the nation's own colonial relationship with the metropolitan UK and the wartime

contribution and sacrifices of Australian nurses, Nurse Education was historically characterised by an apprenticeship style (Stein-Parbury 2000). However, the transfer of all registered nursing education into the higher education sector has been said to undermine this influence (Stein-Parbury 2000), nevertheless, Australian universities have recruited many British nurse academics in the hope of enhancing their academic profiles, particularly with regard to research. In Australia, there will be an estimated shortage of 1, 090,000 nurses in 2025 (Health Workforce Australia 2014; Mason 2013). Recruiting international foreign nurses was adopted as a strategy, despite increasing hostility to migrants seeking to work and live in Australia (Health Workforce Australia 2014). Australia is also belatedly coming to terms with its own history of racial discrimination, the first Aboriginal registered nurse in Australia, Lesley Salem, qualified in 2003 as a nurse practitioner. On the other hand, foreign nurses now make up one-third of Australian nursing workforce Xu (2005); Fang (2007); China is increasingly an exporter of nurses to Australia in addition to the importing trained nurses; international students are enrolled on nursing programme at Australian universities, China contributing the largest number (Health Workforce Australia 2014).

There are three levels of nursing registration in Australia; the Enrolled nurse (EN), the registered nurse (RN), and the nurse practitioner (NP). To qualify as an EN, students must complete 12 to 18 months of vocational education and training; the entry requirement is a primary school certificate. An EN who wishes to become an endorsed enrolled nurse (EEN), requires doing the same training as an EN, with an additional six months of accredited study in pharmacology for medication endorsement.

To become a registered nurse (RN), students have to complete a Bachelor's degree in nursing which takes three years of study for students at undergraduate level or two years of study for students with prior degree and work experience. RNs can undertake further training at the University (postgraduate certificate, diploma or degree) for six months to two years to become an advanced practice nurse (APN). Positions include clinical nurse specialists, clinical educator and nurse manager. The APN requires additional training at Master's or PhD levels in their areas of expertise to become a Nurse Practitioner (NP) (Gaynor, et al 2007).

The first Nurse Practitioner was recognised in Australia in rural New South Wales in 2001 (Gaynor, et al 2007). In 2013, there were 20 approved Nurse Practitioner programmes offered to Registered Nurses in Australia (AHPRA, 2013). There are no published data on trends in admissions and graduations from Nurse Practitioner programmes in Australia. Nonetheless, by December 2014, there were 1165 Registered Nurses recognised as Nurse Practitioners on the AHPRA register (Nursing and Midwifery Board Australia, 2014), indicating that there has been a strong growth in admissions and graduations from these programmes in recent years.

There is a lack of data on programme completion rates from nursing education programmes in Australia. However, it is possible to estimate the dropout rate from nursing education programmes to fall in a range of 25% and 33%, with the dropout rate generally increasing in recent years. The education programme in Australia is

controlled by the Australian and Midwifery Council and renewal of registration is done annually (Nursing and Midwifery Board Australia, 2014).

2.4. Nursing Education in China

China represents one-fifth of the world's population with an increasing number of older people and nursing shortages (Deloitte, 2014; Eddins and Liu 2011). The country's population in 2010 was 1.3 billion with only 2.8 million nurses (Gao, Chan and Cheng 2012), a ratio of 1,000:1.6. Nursing education in China is aimed at strengthening the Chinese nursing workforce. By 2010, there were 862 diplomas in nursing programmes, 307 advanced nursing diplomas, 192 baccalaureates, 65 Masters and 10 PhD in nursing programmes (Gao, Chan and Cheng 2012). Despite these numbers of programmes, China's nursing workforce shortage is worse than most developed countries in the world because of student and nursing workforce attrition rates (Zhu, Rodgers and Melia 2014). The retention challenges could be attributed to the poor public image of nursing and the poor salary structure for nurses in China (Zhu, Rodgers and Melia 2014). Paramilitary training, including preparation for a nuclear attack, still forms part of the curriculum.

Chinese nursing education is similar to that of Australia except that there is a single level of registration, which is RN (Chinese Ministry of Health 2008; Chinese Ministry of Health 2010). China, like Australia for example lacks nurses and capacity (schools and nursing workforce) to train (Wang 2016). Limitations include unqualified teaching staff, outdated teaching approaches and materials. Nursing practice focusses on treatment rather than prevention and rehabilitation; the curriculum uses the

biomedical model rather than the nursing-oriented model; nursing practice is not evidence-based, with no organised curriculum and no funded research opportunities; the poor public image of nursing role results in a low nurse retention rate.

Postgraduate nursing education in China is relatively new. While the Master's programmes began in 1991, the Doctoral programmes started in 2003 (Wang, Whitehead and Bayes 2016). Before 1992, nursing education in China was made up of 3 levels; diploma, advanced diploma and baccalaureate (Wang et al. 2016). The diploma is a three-year programme taken in schools of nursing. The students are empowered with technical skills. The advance diploma nursing level is taken in schools of nursing, but the curriculum is designed to equip the candidates with skills and theory (Wang 2016). The baccalaureate-level equips the candidates with skills and theories for advanced practice in teaching hospitals. Unlike Australia, China has no national registration board; registrations are renewed every five years at a local state board, and a continuous professional development programme is not required for registration renewal, unlike Australia (Wang 2016; Chinese Ministry of Health 2010).

2.5. Nursing Education in Turkey

Turkey was the birthplace of modern nursing as it was the Crimean war that triggered the development of the profession, and Nightingale's work in Turkey is often associated with the beginning of modern nursing. nonetheless, modern nursing itself did not begin in Turkey until 1912. During the First Balkan War, nurses began to provide care to wounded soldiers. The First Balkan War brought a large number of

immigrants and wounded to Istanbul, and soon a cholera epidemic broke out on the front line and in Istanbul itself, resulting in significant healthcare needs. Women of Istanbul's royal class, influenced by the organised efforts of Florence Nightingale, who had recently decreased the death rate caused by wounds from 42% to 2% and demonstrated a warm attitude toward patients (Bayık, Erefe, and Altug Özsoy, 2002), participated voluntarily in the delivery of healthcare services. Nightingale and her team got to Turkey in November 1854 and found that hospital conditions were far worse than reported. According to Nightingale, the hospital case-fatality rate during the first months after her arrival was 32% (Vandenbroucke, Vandenbroucke-Grauls 1988). The wards were overcrowded, the patients and the environment were in poor sanitary condition. Moreover, the water supply was contaminated, and the food hygiene pitiable (Nightingale 1958).

When Nightingale came back to London three years later, she was a national hero. However, within a few years, she had become an invalid herself (suffering at age 40 from what may have been chronic fatigue syndrome). Although she lived as a recluse for the next 50 years, she continued to exert substantial influence on nursing and public health through letters, books, conference presentations, and personal persuasion (Nightingale 1958). In Turkey, three types of basic educational programme have been offered since 1920 (Winkelstein, 2009). They include diploma, associate-degree, baccalaureate and graduate nursing programmes. The three-year, diploma-based programmes began in the 1920s (Winkelstein, 2009).

These programmes, which earlier on were offered at the high-school level, taught nurses how to give injections and vaccinations, change dressings, and provide general patient care. Upon completion, graduates from the programmes were given the authority to provide the care for which they had been prepared. In 1958, the programme was extended to four years. Half of the existing programmes then began to offer general nursing topics as high school courses, and the other half began to offer midwifery programmes (Winkelstein, 2009). Graduates of these programmes received diplomas after receiving 3,700 hours of training (Winkelstein, 2009). Officials of the National Ministry of Health prepared these high-school level curricula (Winkelstein, 2009).

The nurses who graduated from these programmes were appointed to the profession at the average age of 18. Soon the leaders in nursing recognised that 18 was really too early an age to begin practising as a professional nurse. They began advocating for professional nursing to be offered at the university level. In the 1990s, the Ministry of Health began to recognize the need to provide programmes offering a university degree, instead of a high school degree, in order to standardize nursing education. In 1997, nursing education began to be offered at university following graduation from high school (Ülker et al., 2001). After many years of political activity by various nursing associations and nursing educators, the high-school level educational programmes provided by The Ministry of Health were totally abolished in 2005 (Winkelstein, 2009).

Two-year, associate-degree programmes, modelled on associate-degree programmes in the United States, were offered between 1985 and 1996. They were launched as two-year programmes within universities to meet the demand for nurses which arose after the authorities abolished nursing education at the high school level (Ülker et al., 2001). However, by 1996 it was recognised that a two-year programme did not provide nurses with adequate preparation to perform as a professional nurse. While some associate-degree programmes were closed, others were converted to four-year baccalaureate programmes (Ülker et al., 2001).

Baccalaureate degree programmes started in 1955, and soon the baccalaureate degree became a prerequisite for entry into professional nursing practice in Turkey. Admission requirements for baccalaureate programmes, until 2007, included satisfactory scores in the general examination for entrance to university, and being female. Since April of 2007, men have been accepted into nursing programmes. The general Turkish university entrance examination qualifying scores are now required for acceptance for both male and female students. Until 1990, only five universities in Turkey offered nursing programmes. However, the number of baccalaureate programmes increased rapidly as associate-degree programmes were closed. Today, nursing education is provided in four-year programmes at universities following high school graduation. There are now 85 nursing schools offering baccalaureate programmes, most of which are in state universities. These programmes provide 4600 hours of theoretical and applied nursing education, thus meeting the European Union (EU) requirement for the number of hours of nursing education. Some schools, as they now meet the EU accreditation criteria for total

course hours, participate in student and academic staff exchange programmes with European countries (Abant İzzet Baysal University, 2007; Başkent University, 2007; Cumhuriyet University, 2007; Hacettepe University, 2007; Istanbul University, 2007; Mersin University, 2007).

The Master of Science (M.Sc.) degree programmes started in 1968. Once Higher Education Board approves nursing schools as having adequate numbers of faculty, they may establish masters or doctoral programmes (OSYM; Higher Education Board Student Selection and Placement Office, 2007). Admission Requirements for master's programmes include B.Sc. in Nursing degree, satisfactory scores on the LES (Graduate Studies Entrance Examination) and the English language proficiency test, and a test of general nursing knowledge that is administered by each school. Master's programmes in Turkey include the following eight departments: Fundamentals of Nursing, Medical Nursing, Surgical Nursing, Women's Health and Gynaecology Nursing, Paediatric Nursing, Psychiatric Nursing, Public Health Nursing, and Nursing Management. The M.Sc. study consists of two stages: completing a number of courses and research. Students are required to take 21 credits minimum in two semesters. The students have to complete all the requirements for an M.Sc. degree in four semesters (YOK: Higher Education Board, 2007).

Nursing doctoral programmes started in 1972 and today nine nursing schools offer doctoral programmes. Criteria for admission to doctoral programmes include an

M.Sc. degree in nursing; satisfactory scores on the LES and the English language proficiency test; and a test of general nursing knowledge that is administered by each school (Istanbul University, 2007; Mersin University, 2007).

Like the master's programmes, the doctoral study also consists of two stages: completing a number of courses and research (Istanbul University, 2007; Mersin University, 2007). Students are required to take a minimum of seven-credit hours for each of three semesters (21 credits). Students are evaluated according to the course grades received in each semester; they need to complete each course successfully to continue the programme (YÖK: Higher Education Board, 2007). When students successfully complete the first stage (course stage), they take a comprehensive written and oral qualifying examination conducted by a committee of five examiners, at least one of whom must be external to the university, to pursue PhD thesis work. Students must complete their coursework, their thesis research, and the writing of their dissertation within eight semesters. If students are judged by the jury to be successful in the defence of their thesis, they are awarded a PhD degree (YÖK: Higher Education Board 2007).

Until recently, men were not permitted to work as nurses in Turkey. However, males sometimes became male health officers, working sometimes as technicians in laboratories, radiology, anaesthesia, or environmental health, and working often in orthopaedic clinics and intensive care units. Eighty percent of these health officers had graduated from schools with the same curricula as nursing schools but were not

allowed to work as nurses due to legal prohibitions against males becoming nurses. However, Ülker et al. (2001) state that 114,235 nurses would be needed to provide adequate healthcare in 2005. The new nursing law, passed in 2007, permits the employment of men as nurses, thus allowing them to help meet the need for nursing care providers (Winkelstein, 2009). It also allows males to be educated in baccalaureate nursing programmes along with female students (Winkelstein, 2009). In Turkey, today, male and female nurses have the same responsibilities (Winkelstein, 2009).

A great challenge to nursing education in Turkey is the issue of the nursing teaching workforce. According to the 2006 figures, the number of teaching staff in four-year baccalaureate programmes within universities of the Higher Education Board (YÖK) was 701, yet 4,625 students entered the nursing programme in Turkey during Academic Year 2007-2008 alone. Teaching staff are very unequally distributed among the 85 nursing programs. For example, Gazi University School of Nursing has 15 teaching staff and 280 students, while Hitit University School of Nursing has two teaching staff and 190 students. Fortunately, those schools with a shortage of teaching staff do receive support from other schools in nearby cities having more staff. A more fundamental issue are the potential cultural and religious barriers to Turkish women as nurses seeking to move out of the traditional private world of the family and its associated patriarchy.

2.6. Nursing Education in Egypt

Egypt, one of the world's oldest centres of civilisation, is known over for a long history of caring for the sick and the wounded in hospitals and homes. The first formal hospitals were established in Egypt in the 11th century; in these hospitals patients were treated, and male medical students were trained. The British Government colonised the country from 1882 to her independence in 1922 (Lanver 2012). After her independence, the British Government remained and controlled Egypt for the next 33 years (1922 to 1956) before they finally left (Panayiotis 1991). Therefore, nursing education in Egypt was greatly influenced by the British educational system, however American geo political influence is also strong and has had its own impact on nurse education development. in Egypt, as discussed further below.

There are seven levels of nursing education in Egypt, but three types dominate. The first level is at the secondary level of education. Students can join these schools after completing 9 years of elementary preparatory education. Nursing in these schools is taught by qualified nurses (those who have a bachelor's degree in nursing) and some physicians who teach the medical courses, for example, anatomy and physiology (Farag, 2008; Ma et al., 2012). These high schools are controlled by the Egyptian Ministry of Health and Population and supply the market with nurses of a level equivalent to auxiliary nurses. El-Noshokarty, 2004 suggests that the students who join these schools are usually from poor families who select a fast and cost-effective way to begin working and practising.

Farag, 2008; Ma et al., 2012 further state that the curriculum in these schools is not based on strong clinical reasoning or a theoretical knowledge of nursing skills. The subjects taught are basic sciences which include physics, chemistry, biology, health education, hospital administration, nutrition, and psychology. Also, fundamentals of medical, surgical, obstetric, and mental health nursing are taught at this level (Farag, 2008; Ma et al., 2012). The curriculum in these schools is taught in Arabic in addition to an English-language course and requires the students to spend three days in hospital practice and two days in class each week (Farag, 2008; Ma et al., 2012).

After completing this programme, the students apply for nursing registration and join the Egyptian Nursing Council Register (Farag, 2008; Ma et al., 2012). As stated by Farag, 2008; Ma et al., (2012), employment is guaranteed to those nurses after at least two years of nursing practice in the governmental hospitals in a particular geographic location selected by the Egyptian Ministry of Health and Population (MOHP). Some of the graduates choose to join technical nursing institutes, which is considered to provide a higher level of nursing education; whereas others choose to practice as general nurses. Some nurses apply for six months of training to become specialised nurses in a specific area, for example, anaesthesia, surgery, or normal labour and delivery. The secondary technical nursing education is considered the largest source of the nursing workforce, contributing approximately 94% of the available nursing workforce (El-Noshokarty, 2004) in Egypt. Moreover, those nurses are very young, ranging from mid-adolescence to young adulthood; however, the MOHP has noted that these nurses are not being adequately prepared to join the

nursing workforce, thus, the need for the second level of nursing education (El-Noshokarty, 2004).

As explained by Farag, 2008; Ma et al., (2012), the second category of nursing education is carried out in technical health institutes. The study at this level consists of two years of education after completion of general secondary school or nursing secondary school. Farag, 2008; Ma et al., (2012) further state that this type of education was established in Alexandria in 1972 and in Cairo in 1973. According to these two authors, the graduate of this level obtains an associate degree from one of these institutes, controlled by the Egyptian Ministry of Education. The courses taught in this curriculum are more in-depth compared to those in secondary nursing education (Farag, 2008; Ma et al., 2012).

In 1955, the Higher Institute of Nursing was established in Alexandria as the first higher institute in the Middle East and Africa. It was established by an agreement between the faculty of medicine and the World Health Organization (WHO) (Naguib, 2014). The teaching staff consisted of five visiting American nurses and a director assigned by the WHO. It was affiliated with the Faculty of Medicine. In 1992, the Supreme Council of Egyptian Universities granted independence to the Higher Institute of Nursing from the Faculty of Medicine (Ma et al., 2012). The institute, directed by the Egyptian Ministry of Higher Education and Scientific Research, offers a baccalaureate degree in nursing. It consists of a four-year programme in addition to one year of internship offered by the nursing faculties in collaboration

with university hospitals. The bachelor's degree is not awarded to the nursing students until they have completed the internship year. In the internship year, the student receives a small stipend and each month practices in different units affiliated with a university or teaching hospital (Naguib, 2014). Each student is under the supervision of an assigned preceptor on different shifts and is evaluated each month before moving to the next month of practice or continuing in the same practice for another month (Naguib, 2014).

Also, some faculties of nursing also offer three postgraduate programmes (diploma, master's degree, and a doctorate degree) in nine nursing specialities. The diploma programme takes one year after the bachelor's degree (Naguib, 2014). The master's programme takes from three to five years after the bachelor's degree or the diploma degree (Naguib, 2014). The doctorate programme takes five years after earning the master's degree. The greatest challenge of nursing education in Egypt relates to potential stigmatisation of the nursing workforce, the programme structure and the image of the profession in a culture of purdah, where the division of the sexes is commonplace in many settings. This has a significant impact on the nurses' wages (Naguib, 2014).

2.7. Nursing Education in South Africa

The leading trend in nursing education over the last century the world over has been towards greater professionalisation through the lengthening of training periods, and the shift from a hospital-based apprenticeship model to professional education in

institutions of higher learning (Hegarty, Condon and Sweeney 2006; Spitzer and Serenound 2006). Nonetheless, many countries still allow multiple pathways to registration as a professional nurse, mostly with three or four years of higher education, and obtaining either a nursing college diploma or a university degree (Nichols, Davis, and Richardson 2010).

In recent years, an important development in improving the professional identity of nursing has been the call for a baccalaureate degree as the minimum requirement for entry to the profession (Forbes and Hackey 2009). Advocates of the idea have argued that a university degree is required to cope with the increasing complexity of contemporary nursing practice resulting from a combination of factors. These elements include changes in patient and disease profiles, advances in health and information technology, the move to evidence-based practice, the need for a lasting professional development, the challenges of working in health care teams, and the demands of the unending global health system reforms (Institute of Medicine. Washington DC 2011; Forbes and Hickey 2009; World Health Organization. Alexandria 1988; World Health Organization. Copenhagen 2000; Lane, and Kohlenberg 2010). In addition, the shift to a baccalaureate degree as a pre-registration qualification to nursing practice is influenced by the desire to enhance the professional status of nursing, outgrow medical domination, and allow for more autonomous nursing practice (Keogh 1997; Wade 1999).

In South Africa, increasing professionalisation and a change to university education have been important features of the reform of nursing education (Searle 1983). But

this process has also been marked by the particular features of race, class and gender politics of a country with its own conflicting claims to nationhood. Missionaries, as elsewhere in colonial Africa, were a seminal influence. An Anglican Sister, Henrietta Stockdale, set up the first formal nursing training course at the Kimberley diamond mines in 1877, following the standard hospital apprenticeship model of the time (Dlamini and Mashaba 1988). Unfortunately, despite the efforts of its founder, it was placed under the control of the Medical Council of South Africa, instead of the Department of Education (Dlamini and Mashaba 1988). However, the establishment of the South African Nursing Council (SANC) in 1944, at least, rescued the control of nursing education from the medical profession (Mark 1994).

Nevertheless, a three-year diploma at a hospital-based nursing college remained the only pathway to qualifying as a registered nurse (Ehlers 2002). The first university nursing degree programmes in the country were introduced in 1956 but uptake remained relatively low (Ehlers 2002). A notable policy shift took place in 1986 when all nursing colleges were required to become affiliated with university-based nursing departments, which formally placed them within the higher education system (Searle 1983). At the same time, a new comprehensive four-year curriculum (including general nursing, midwifery, community nursing, and psychiatric nursing) was introduced for the training of professional nurses in South Africa, which could be completed through two pathways; a nursing college diploma or a university degree (Breier, Wildschut, Mqolozana 2009).

Since South Africa's democracy was established in 1994, and Apartheid finally dispensed with as a core Government policy, there has been a renewed focus on nursing education as part of the post-apartheid reforms of both the health and higher education sectors (Mekwa 2000). The nursing education policy change included the rationalisation of nurse training institutions, changing the scope of practice of nurses, and revising nursing qualifications (Breier, Wildschut, Mggolozana 2009; Department of Health Pretoria 2008; Department of Health Pretoria 2013). The revision of nursing qualifications has been motivated by changes within the profession and the imperative to align nursing qualifications with the new National Qualifications Framework (NQF) – a comprehensive system for the classification of qualifications in the country (South Africa Qualification Authority 2012). The fundamental recommendation of the new nursing qualifications proposals is that registration as a professional nurse should entail completion of a baccalaureate degree in nursing, rather than a nursing college diploma (Department of Health Pretoria 2013). This is clearly moving in line with contemporary educational reforms in the US, UK and Australia, which have been discussed elsewhere in this chapter.

South African nurse education also shares some aspects of an earlier post colonial history with the UK. Wits University in Johannesburg, South Africa, began its life as the Transvaal Technical Institute in 1904 and gained full university status in 1922 when the Medical School came into being (Horwitz 2011). A decade and a half later, Wits was the first South Africa university to launch a diploma in nursing, and the event marked an important shift in nursing education in South Africa (Horwitz 2011).

It was not until the late 1930s that nursing education entered the universities, and it would be another decade before training was done with any measure of uniformity (Horwitz 2007). Universities were reluctant to see nursing added to their choices of professional programmes (Horwitz 2007). Although not explicitly stated, it seemed that one of the reasons for this was that nursing in South Africa, like other countries of the world, was considered as an extension of feminine domestic labour (Horwitz 2007). The changing nature of university course offerings was just one of a combination of the internal and external pressures that led to the incorporation of nursing education at South Africa's universities (Searle 1965). A significant external pressure leading to the expansion of nursing education was the lack of education and training opportunities in South Africa, especially to train nurse tutors (Searle 1965). This shortage of nurse educators, in turn, restricted the number of young women who could enter training (Searle 1965).

During the first few decades of the 20th century, nurse educator posts had to be filled with foreign nurses, primarily from the United Kingdom, or the few South African women who could afford to travel abroad to receive training (Searle 1965). These were in most cases white women who were the beneficiaries of a social class system largely premised on racial identity. In some cases, sisters or matrons were prevailed upon to take up the role of nurse tutors in addition to their statutory duties, but this arrangement was not ideal (Searle 1965). However, many nurse leaders, including Bella Gordon Alexander, who served as the General Secretary of the South African Trained Nurses' Association (SATNA) and Matron of the Johannesburg Hospital during the 1930s, argued this was the only practical solution, local training of nurse tutors was realistically the only way that nurses' training could be extended

regarding quantity and quality (Mark 1994). Alexander, like other nurse education pioneers, was a forthright spokesperson for the recognition of nurses as professionals within the healthcare system (Mark 1994). An important part of this recognition would have been the housing of nursing education within the university setting.

In this battle for recognition, perhaps not surprisingly, nurses needed external support from a male dominated academy; this especially included two of Wits' most renowned professors, Raymond Dart and Phillip Tobias—both of whom taught at the Wits Medical School. As mentioned earlier, the Medical School was founded in 1922 (Horwitz 2011), within University of the Witwatersrand (Wits). Three years later when Dart, the rather eccentric Australian Professor of anatomy, arrived in Johannesburg, the medical school was still in its rudimentary stage (Horwitz 2011). Dart, who was the Dean of Medicine between 1925 and 1943, aimed to develop a strong, comprehensive Faculty of Medicine at Wits University (Horwitz 2011). He saw the commencement of an academic nursing programme within the faculty as a significant aspect of his vision (Horwitz 2011). Therefore, his goal of building a strong faculty probably informed his openness to the calls of SATNA for the establishment of local courses for nurse tutors (Horwitz 2011). In 1935, through the joint efforts of Dart, with the South African Medical Council and SATNA, it was agreed that courses for white nurses intending to qualify as nurse educators would be taught at Wits University, and at the University of Cape Town (UCT) (Digby 2006). In both cases, the language of instruction was English. This was a significant move, English as the medium of learning would allow access to a wider range of literature and discourses on the role of nursing and its implicit potential for empowerment for both woman and

black people. This was an unlikely trajectory if these courses were to be offered in Afrikaans. Attempts by the later Apartheid regime to impose Afrikaans, was sparked a nationwide student revolt, that eventually led to the fall of Apartheid in South Africa.

Students were admitted into these courses in 1937 (Digby 2006). At the Wits University, the diploma was first located in the Department of Preventive and Promotive Medicine (Digby 2006). It was initially a two-year, part-time, and post-basic course, but it was later converted into the one-year full-time Diploma in Nursing Education (DNEd), and first six graduates obtained their diplomas in March of 1939 (Horwitz 2007). These graduates were white, and female for the most part. Lack of entry qualifications and the cost of higher education was prohibitive for Black women and smaller numbers of Black men wishing to enter the profession. As in colonial Nigeria they were more likely to receive their training in mission hospitals (Digby 2006).

Nevertheless, this academic development marked an important recognition of nursing as a profession (Digby 2006). Over the subsequent years, many pioneer nurses attended this course, including Charlotte Searle and Paddy Harrison, who went on to run the Nurse Tutors Diploma and then the B.Sc. at the UCT (Digby 2006). Although the diploma course had brought nursing into the university, many white women still felt that nursing was inferior to teaching (Horwitz 2010). However, the course was open to both white and black students, but applicants required a matriculation certificate and two years of post-basic experience to be admitted, and few black students had the entry qualifications. The dearth of candidates with the prerequisite entry qualifications was a major obstacle because many black women saw nursing as a high-status career (Digby 2006). In South Africa nursing and

teaching were still the only professional jobs available to black women until the advent of a democratic South Africa in 1994. Later, black nurses trained at separate nurses' training schools which were set up under apartheid in South Africa (Wits 1997; Searle1954).

Phillip Vallentine Tobias began his career at Wits in 1945 when he was appointed Demonstrator in Histology and Instructor in Anatomy (Wits 1997; Searle1954). Tobias' biggest impact on nursing at Wits was his campaigning to get the Department of Nursing Education recognised within the Faculty of Medicine. In Tobias', own words:

During the 1950s and 1960s, I noticed, at every meeting of the Board of the Faculty of Medicine, that matters affecting Nursing, Physiotherapy and Occupational Therapy were relegated to the tail-end of the agenda and seldom received as much as five minutes of attention among all three (Ehliers 2002, p. 30).

It was only in the late 1960s that Tobias, who was by this time Professor and Head of the Department of Anatomy, put forward a concrete proposal for dealing with this situation (Searle1954). He proposed that there should be an Assistant Dean to oversee Nursing, Physiotherapy and Occupational Therapy. He hoped that this would create something close to a Sub-Faculty for the Allied Medical Disciplines (Ehliers 2002). Only in 1970 did Professor Francois Daubenton, who was then Dean of the Faculty of Medicine, set up an Allied Medical Disciplines Committee with Tobias as its first chairman (Ehliers 2010).

For the nursing administration in this period of high apartheid, the training of white, Afrikaans-speaking nurses took priority (Ehliers 2010). They were the first group to be offered basic nursing training at a university level; initially, this was a B.A. in Nursing which was offered at the University of Pretoria beginning in 1955 (Wits 1968). The University of Stellenbosch and the University of the Orange Free State, also offering Afrikaans medium courses, were not far behind (Keene 2009). The first of the English medium universities to begin basic nursing training within a university setting was the University of Cape Town (Horwitz 2010). Shortly thereafter in 1962, Natal also began to offer an English medium course (Keene 2009). Wits lagged behind and only began its basic nursing training programme in 1969. Significantly, when Wits introduced its new programme, it was a B.Sc. (Nursing), the first of its kind in South Africa. This was the forerunner of the degree that is today the Bachelor of Nursing (Ehliers 2002).

Even at the time that the degree was being introduced, there were differing views on its value within the Wits community (Ehliers 2010). The Professor of Nursing Education, Shirley Williamson, also recalled some opposition to the degree originating from the Dean of Medicine during the initial years (McIerney 2010). This was in opposition to Tobias' view that those within the medical school hierarchy supported the integration (Schwart 1970).

Although these courses were focused on the education of white nurses, the 1950s through 1970s saw a growing movement of black nurses into positions of power, especially at black hospitals where apartheid's policies of separate-but-equal had the

effect of opening up new opportunities. What is especially important to note is that by the mid-1950s, access for black nurses to a university education was becoming increasingly difficult. Apart from the stiff entry requirements which were difficult to meet within the context of Bantu Education, black students were also burdened by the University Education Act (no. 45 of 1959) which required them to get ministerial permission before gaining admission, a process that was both difficult and tedious (William 1980). Faculty, students, and administrators at Wits strongly opposed this legislation but to no avail (William 1980). It was only in November of 1985 that Mr Andrew Chiloane became the first black student to successfully complete the B.Sc. Nursing course at Wits (McLerney 2010).

In 1969, a sub-department of Nursing Education was eventually founded (McLerney 2010). The new sub-department was housed within the Department of Preventive and Promotive Medicine but had a specific representative on the Medical Faculty Board (Digby 2006). This meant that the department was starting to gain a greater say in governing its own future and in the administration of the medical school more generally (McLerney 2010).

As far as the curriculum went, the aim of the B.Sc. was to recognise that nursing embraced the whole sphere of medicine. As such, the B.Sc. followed the models of Physiotherapy and Occupational Therapy, which were already well entrenched at Wits (Digby 2006). In their first year of nursing, students studied chemistry, anatomy and microanatomy, psychology or sociology, preventative and promotive health, and nursing (McLerney 2010). Later years included physiology, more advanced sociology or psychology, microbiology, pathology, and pharmacology, and an increasing

amount of time was spent in the hospital wards (McLerney 2010). During these early years of basic training, Tobias taught the first introductory course on human genetics to be offered to student nurses in South Africa. He also taught elements of anatomy, embryology and histology to student nurses at Wits (Ehliers 2002).

The 1970s was a decade of consolidation for the nurse educators at Wits; as earlier mentioned, the Allied Medical Disciplines Committee came into being in 1970 (McLerney 2010). Three years later, the (sub-) sub-department moved out of the Department of Preventative and Promotive Medicine and became a sub-department directly under the Dean of the Faculty of Medicine (McLerney 2010). Williamson, who was then a senior lecturer, was appointed as the temporary head of the sub-department and took up a seat on the University's Senate Committee (Digby 2002). It was now only a short step to the establishment of a full and independent Department of Nursing at Wits (Digby 2006).

The dream of the autonomous department of nursing eventually materialised in 1977, and Williamson became Wits' first Professor of Nursing (Digby 2006). One of the provisions for granting full departmental status was that all future appointments would be joint appointees of the University and the Transvaal Provincial Administration, which was responsible for provincial health policy (Digby 2006). While these joint appointments made it possible to employ the faculty that was needed to create a fully-fledged Department of Nursing, they were also problematic and led to a rather high staff turnover (Digby 2006). This was because of the differentiation in the joint appointment and full university employees in terms of salary (Digby 2006). Joint position holders were appointed and paid at the level of an

Assistant Director in the public service, regardless of if they were appointed as a lecturer, senior lecturer, or at a professorial level (Ehliers 2002). The implementation by the Gauteng Department of Health of the Occupational Specific Dispensation for nurses in November of 2007 has to lead to the recognition of lecturer speciality qualifications and a significant improvement in salary levels (Ehliers 2002).

In June 1982, the National Department of Health and Welfare agreed to integrate nursing education into the university system (University of Watersrand 2001). This integration became compulsory in 1985 and meant that nursing education was finally separated from the nursing service (University of Watersrand 2001). This was done through the passing of SANC regulation R425 whereby all nursing colleges became associated with universities (University of Watersrand 2001). Rather than being controlled by the hospital authorities, nursing colleges became autonomous units in 1986 (University of Watersrand 2001). In practice, this meant that the colleges were controlled by their own Council and Senate; they had their own budgets, conducted their own academic education (in most cases, a four-year integrated diploma course leading to nursing registration) and set their own examinations (McLerney 2010).

The colleges were, however, under the academic supervision of the universities (University of Watersrand 2001). The Department of Nursing at Wits thus, became responsible for the monitoring and controlling of standards at the Alexander Nursing College and the Baragwanath Nursing College, as well as the nursing college at the University of Bophuthatswana in Mafikeng (McLerney 2010). Also, the Wits Department was responsible for the inspection of the colleges, representing them in the university's Senate, and moderating their examinations (McLerney 2010). This

approach might have shored up academic standards, but it put a great deal of extra pressure on the Wits nursing department (McLerney 2010). Despite the heavy workload involved in overseeing the colleges and the increased complications of coordinating this new relationship, some seemed to view these changes in a favourable light (McLerney 2010).

Finally, there were also staff changes in the 1980s. By 1983, the staff complement had grown to a professor, department head, and six lecturers (Digby 2006). In March of 1986, Williamson retired and became Emeritus Professor. Professor Barbara Robertson, who was a rather reluctant addition to the department, took over the helm on 1 April 1986 (Digby 2006). She had been part of the Department of Nursing at the University of South Africa (UNISA) and was not looking to move when she was headhunted by Wits and invited to come to the university to chat about the post (Digby 2006). Robertson recalled arriving for the “chat” and finding 30 people in the room ready to interview her (Kark and Kark 1999). Even after the interview, Robertson was still reluctant to take the post but Charlotte Searle, who was then head of nursing at UNISA and a rather larger-than-life, powerful figure in the South African nursing arena convinced her to take the post. Searle’s justification, as Robertson remembered it, was that Robertson should not let the English-speaking Department down and that if she did not take the post, the Department might be closed (Kark and Kark 1999). This pressure, despite its patronising nature and Robertson’s own religious beliefs, led her to accept the post at Wits (Kark and Kark 1999).

On her appointment, Robertson was given an ultimatum to either make the department flourish, or see it closed down (Kark and Kark 1999). Looking back at the period over a decade later, Robertson put the challenges faced by the department in a succinct and meaningful way, which is worth quoting at length. It was a small department, understaffed, mainly female, and underfinanced. It was a small cog in the large male-orientated medical school, where the training of medical students, specialist physicians and research were paramount issues. Medical personnel found it difficult to accept that nursing was a microcosm of medicine and that within it, there were separate disciplines which could not be taught by the same lecture (Digby 2006). This resulted in there being only one lecturer available for each major discipline who in addition to teaching had to supervise the practical learning experiences (Kark and Kark 1999). High teaching loads militated against time for research, and the department had frequently to endure criticism from their medical colleagues (Kark and Kark 1999).

These challenges might not have been unique in the realm of nursing education (Kark and Kark 1999). However, it seems, at least from Robertson's own recollection, which she was up to the challenge (Kark and Kark 1999). Within six months, she convinced the Dean to increase the Department's budget and the number of staff by the equivalent of one full-time and one part-time members (Digby 2006). This was particularly important given the recent restructuring of the relationship between the nursing colleges and the university.

In the early years of Robertson's headship, the undergraduate degree programme was graduating small numbers of students, whose degree placed a heavy emphasis

on the sciences (McInerney 2010). During the later years of the 1990s, Robertson was also instrumental in bringing problem-based learning (PBL), which she had encountered during one of her trips to North America, to the nurses at Wits. Her motivation for introducing PBL to Wits was to see nursing move from rote learning to a more integrated style of learning that addressed topics in a more holistic way. In the years that followed, Robertson arranged for Gayle Langley and Patricia McInerney to undertake an international study tour in order to expand their knowledge of PBL. This eventually became the major teaching and learning approach in the department (Kark and Kark 1999). PBL puts much less emphasis on content and focused on encouraging students to take responsibility for their learning. This strategy is still used in the department's classrooms, but it has been adapted over the years to the particular constraints of this type of problem-based learning being used alongside "traditional" lecture-based university courses such as biology, pharmacology, anatomy and physiology (Bruce 2007).

1994 heralded a new era not only in South Africa's political arena but also in health care. The same year also saw the introduction of a new curriculum for nursing education at Wits. The curriculum was not only based on PBL but also took a more community orientated approach. This shift in programming also corresponded well with the new ANC governments' focus on building up the much-neglected Primary Health Care system. The first alumni of this programme graduated in 1998 (Bruce 2007).

Professor Barbara Robertson, who had led the department through the exciting but unpredictable years of the birth of the new South Africa, retired in 1997. A governing

committee, under the leadership of Dr Patricia McInerney, was then appointed. More curriculum changes were experienced at this time. The SANC decreased subsidies to the university which in turn led to a reduction of training from four and a half to four years. All of the changes outlined above were symbolised in the changing of the name of the degree from B.Sc. Nursing to B. Nursing (Bruce 2007).

In July 2001, Professor Hester Klopper was appointed as Head of Department. She describes the three cornerstones of the department as education, research and service delivery (Bruce 2007). Education was of course, central to the entire history of the department, as was service delivery to some extent. However, the nature of the latter changed over the years (Digby 2006). In the 1980s, the department was involved in outreach through its relationship with the University of Bophuthatswana. The outreach and service delivery efforts were intensified over the next two decades (Bruce 2007). The department has been involved in a range of service delivery projects both in Gauteng and further afield. These include the Health Services Development Unit (HSDU) at Tintswalo Hospital in the then Eastern Transvaal, the Muldersdrift Clinic, Alexandra Clinic and the Hillbrow Primary Health Care Project (Bruce 2007).

Each week, department staff members spent time in these clinical settings, with the aim of both skill development and service delivery. Work in other clinical settings, such as the Tembisa Hospital Effective Care Research Unit (THECRU) which focuses on women's health, allows staff and students to develop their research programmes (Digby 2006). Unlike the service component in the hospitals in earlier decades, these outreach programmes allow for a much greater level of participatory

learning and play an important role in delivering services to the neediest (Bruce 2007).

Research by staff and graduate students has only more recently come to the forefront of the work of the department. Although postgraduate degrees at both Masters and Doctoral level were in place by the mid-1970s, the number of students enrolled in these degrees at Wits remained limited. The already overburdened staff did little to develop the programme at this stage. When asked about the graduate programme during her headship, Robertson remembered that while graduate supervision was seen as important, they “couldn’t push everything!” (Kark and Kark 1999).

From the late 1990s, the M.Sc. in Nursing expanded considerably to include a growing number of specializations (Digby 2006). This was followed by a major growth in student intake. Another significant development in the M.Sc. programme was the Diploma in Advanced Nursing, developed under the leadership of Patricia McInerney. This development allowed diploma nurses to upgrade their qualifications and to enter the M.Sc. programme (Digby 2006). This had a profound effect in increasing the levels of access to post-graduate work for nurses from previously disadvantaged backgrounds (Digby 2006).

There has also been an expansion of Wits’ PhD in Nursing Science. The PhD now comprises of both a coursework component, focusing on advanced methodologies and a research component. There have been more than 10 PhD students (Digby 2006). Starting with only five students in 1969, the department was filling its quota of

40 students each year by the mid-1990s [40]. By 1990, Wits had graduated about 171 B.Sc. (Nursing) students and these numbers continued to grow (Digby 2006). Yet, there continued to be a severe shortage of nurses not only in hospitals but also in educational institutions such as Wits. One of the problems facing the department is the difficulty of filling senior nursing education positions. This is especially acute at universities where lecturers are expected to hold a master's degree. While, as outlined above, increasing numbers of nurses are obtaining masters and doctoral degrees, this has not translated into more candidates wishing to teach at universities (McLerney 2010).

Another development was the reintegration of South Africa into international nursing bodies. Some of these international nursing bodies, like the International Network for Doctoral Education in Nursing, which the Department of Nursing at Wits joined in the late 1990s, had an important bearing on doctoral candidates' global competency (Digby 2006). The department was internationalising in other ways too. By the new millennium, just over 10% of the post-graduate nursing education students were from countries in the South African Development Community (SADC). At the same time, the department has become increasingly involved in nursing education throughout the African continent (Digby 2006).

Not only do nursing educators from Wits serve on the executive of the African Honour Society for Nurses (AHSN), they have also used their involvement in the society to develop nursing and midwifery on the continent. For example, members of the department have been involved in mentoring nurse educators at the University of Malawi and in deploying New Partnerships for African Development (NEPAD)

funding to develop nursing and midwifery training in Niger, one of the world's poorest countries (McLerney 2010). Overseeing these later developments was the fifth Head of Department, Dr Judith Bruce (McLerney 2010). The Department of Nursing Education is now part of the School of Therapeutic Science, based in the Faculty of Health Science. What has remained the same is that Wits continues to produce some of the country's most influential nursing leaders. A look back allows one to recognise the efforts of the Wits nursing pioneers and to see the constant changes that have characterised the department (McLerney 2010).

2.8. Nursing Education in Ghana

Ghana, a West African country and an important cultural and economic neighbour of Nigeria, achieved her independence from the United Kingdom in 1957 after more than 100 years of British colonial rule, which was originally based on extensive slave trading (Kisseih, 1968; Agyepong and Adjei, 2008). Nonetheless, like Nigeria, Ghana has since constantly struggled in terms of social and economic development, as indicated by her health and economic indicators. The World Health Organization (WHO) (2006) states that Ghana has a population of 24 million with a life expectancy of 56 years for males and 58 years for females. Similar to many low and middle-income countries, the health of the entire population of Ghana, especially women and children, remains a major concern (WHO 2006). However, the ratio of nurses to the total population of Ghana is 1:2024 in some areas (MOH, 2007). In contrast, the United States of America ratio of nurses to total population is 1:85 (Robert Wood Johnson Foundation, 2010). Therefore, there is a need for training of more nurses to

increase the nursing workforce in Ghana. Most nurses in Ghana had their training in colleges, often affiliated with teaching hospitals (Donkor and Andrews 2011).

As in Nigeria, nursing education in Ghana before its independence in 1957 could best be understood in the context of the structure of healthcare services set up by British colonial bureaucrats (Opare and Mill 2000). Initially, the healthcare system was structured after the pattern of British healthcare services to take care of the health of Europeans in Ghana, African soldiers, and civil servants (Opare and Mill 2000). The British nursing sisters who came to Africa gave lessons to local nurses in human anatomy, physiology, surgical and medical nursing, and first aid (Opare and Mill 2000). Later, a maternity hospital was opened in Accra to recruit midwives through an ordinance for the establishment of a midwifery training centre for the examination, training, registration, and practice of midwifery in Ghana (Opare and Mill 2000). Before 1945, all senior nurses in Ghana, including nursing tutors, were white colonial sisters (Akiwumi, 1971), but the pattern changed with time following the establishment of the centre (Opare and Mill 2000).

In January 1945, Isobel Hutton came from the United Kingdom to start a nursing school, designed after the British curriculum, for Ghanaian nurses (Boahene, 1985; Osein Boateng, 1992). This training school for state registered nurses (SRNs) was initially located in Kumasi but in 1948 the college moved to new buildings in Accra close to the Korle-Bu hospital (Addae 1997; Kisseih, 1968). Although most practising nurses in the country at the time were men, only women were eligible to enter the new college (Addae, 1997; Patterson, 1981).

Although there is no evidence to explain this initial gender bias in the preparation of nurses at that time, the shift may have reflected the influence of the United Kingdom nursing education curriculum brought by Hutton (Bell, 2013). The programme design at that time followed the syllabus set out by the General Nursing Council (GNC) of England and Wales, to ensure that “locally trained nurses could be accepted for registration in the United Kingdom. The use of the GNC curriculum was employed to enable the nurses to undergo post-basic nursing courses in the United Kingdom and prepare them to take over the nursing duties of the country from the British colonial nursing sisters” (Kisseih, 1968, p. 206). Following the establishment of the SRN programme came the training of qualified registered nurses (QRNs), which was a higher qualification than SRN, although the QRN was substantially higher than that of the state-enrolled nurse in the United Kingdom (Rose, 1987).

At the time of independence in 1957, nursing education centres had been opened in Kumasi, Accra, Cape-Coast, and other places which offered training for state registered nurses (SRNs) and qualified registered nurses (QRNs), among others (Opare and Mill 2000). Nursing education in Ghana made significant progress with the establishment of the first university programmes for nurses at the University of Ghana in 1963. This was the first university to have the accolade of offering a degree programme in nursing in West Africa (Opare and Mill 2000). This marked the beginning of many tremendous changes in nursing education in Ghana.

WHO (2009) Global Standards for Nursing and Midwifery recommend that the head of the nursing programme should be a nurse who holds a graduate degree in nursing, is educated and experienced in leadership and administration. Also, the

person should be able to demonstrate knowledge as an educator. Both programmes require the head of the department to have a doctoral degree as the minimum standard. Unfortunately, Bell (2013) observes that as of 2013, this was not the case in either programme. Furthermore, Bell (2013) notes that due to a limited pool of qualified faculty, a physician was the head of one nursing programme, and a masters prepared nurse was acting head of the midwifery programme. Both were addressed as acting heads of department until a substantive, qualified head would emerge. From Bell's observations, it is obvious that an effective postgraduate nursing programme is not yet in place in Ghana.

Nursing education in Ghana compared with most African countries, has similarities, and differences as well. Although there are not enough nurses in Ghana, the most educated ones leave in large numbers to work in the United Kingdom or the United States of America (Talley 2006). Unfortunately, the pay and working conditions for these nurses in Ghana are very poor with limited chance for personal development (Talley 2006). In the author's view, these may be the reasons why some professional nurses travel to other countries in search of greener pastures. In 2011, the Ghanaian Minister of Health stated that Ghana lost approximately half of its nursing workforce within a period of five years; it was further stated that Ghana had an estimated workforce of ten thousand nurses to provide care to its growing population then estimated to be over twenty million (Talley 2006).

. Post-colonial economic conditions were not helpful. Education for nurses in Ghana after independence posed many challenges for tutors and students; textbooks, when

available, were frequently outdated, and students could not afford them (Opare and Mill 200). Thus, nurses face financial challenges both in terms of schooling and, after completion, in employment. Their wages are meagre, and this sometimes lead them to take industrial action or consider quitting their jobs for better-paying jobs abroad (Opare and Mill 2000).

2.9. Nursing education in Nigeria. The structure of basic, undergraduate and postgraduate nursing education programmes in Nigeria.

Nursing Education in Nigeria started in mission hospitals as ad-hoc midwifery apprenticeship training in 1930 (Ndatsu 2004). An organised school of nursing training with a curriculum recognised and approved by the government was started in 1952 (Ndatsu 2004). The first university nursing education programme began in 1965 (Ndatsu 2004). In 1978, nursing education curricula were reviewed for the first time to meet the national standard of education in Nigeria. Postgraduate nursing education did not take off in Nigeria until 1988 when the programme was started in Obafemi Awolowo University because it was recognised that there was a need for postgraduate nursing education and there were too few nurse-lecturers with postgraduate nursing certificates to teach (Ndie 2014).

The structures of the basic² undergraduate and postgraduate nursing programmes are summarised in the following sections below:

The basic nursing programme is offered in hospital-based schools of nursing, which are also called “Basic Nursing schools” in Nigeria. They offer a three-year programme for which the required entry qualifications are five credit passes³ in Senior School Certificate Examination in five subjects: English Language, Mathematics, Physics, Biology and Chemistry.

The candidate is also expected to pass an entrance examination and an oral interview organised by professionals at the school who are regulated by the Nursing and Midwifery Council of Nigeria (NMCN 2009). The three-year training programme consists of classroom work and clinical experience in the hospital to which the school is attached. The exit point is a Registered Nurse (RN) certificate level obtained after passing the Nursing and Midwifery Council of Nigeria final qualifying examination written at the end of the three years.

²Nigerian basic nursing programmes: This refers to a school of nursing based nursing training in Nigeria leading to the award of a diploma equivalent to the registered nurse (RN) certificate in nursing (Nursing and Midwifery Council of Nigeria. 2009).

The teachers are nurses who are required to have a nurse tutor certificate or a degree certificate in nursing, and the required student-teacher ratio is 0: 1 with students numbering between 50 and 100 per year (NMCN 2009). The NMCN

approved courses or modules include Anatomy and Physiology, Foundations of Nursing, Applied Basic Sciences, Accidents and Emergency, Nutrition and Dietetics, Behavioural Sciences, and Primary Healthcare. Others are Community Health Nursing, Maternal and Child Health, Management in Nursing, Medical-Surgical Nursing and Nursing Practicum. Each course mentioned is taught by the nurse tutors. Guest tutors who are specialists in the field teach Pharmacology in Nursing, Parasitology and Radiology for Nurses, and Microbiology for Nurses.

Undergraduate nursing education in Nigeria is a five-year university-based programme, which is offered by departments of nursing in 19 Nigerian universities.

The entry qualifications are the same as for basic nursing, but entrance is by a special examination (University Matriculation Examination)⁴ which is taken on the same day across the whole country (NMCN 2015 and National Universities Commission of Nigeria 2012).

³*Credits pass: According to the West African Examination Council (WAEC) grading system, a credit pass equals 50 marks and above (WAEC, 2016).*

The exit point is the award of both the Registered Nurse (RN) certificate and the Bachelor of Nursing (BNS) degree. The RN and BNS certificates are awarded by the NMCN and the Senate of the University offering the programme respectively after

the candidate has successfully fulfilled the professional and academic requirements of the two bodies.

The University lecturer-student ratio is still set at 1:10 as in basic nursing programmes, programmes, but the lecturer must have a first degree and a master's degree in nursing (NUCN 2012, Ndie et al. 2012). These requirements are not fully met because of the limited number of qualified candidates. Those that have a first degree in nursing who aspire to obtain a master's degree in nursing are employed as graduate assistants, and then convert to full lecturers when they complete their master's degree programme in nursing.

⁴University Matriculation Examination: is a Nigerian entrance examination board for tertiary-level institutions (Ojerinde 2012); the board conducts entrance examinations for prospective undergraduates into Nigerian universities. The board is also charged with the responsibility to administer similar examinations for applicants to Nigerian public and private monotechnics, polytechnics, and colleges of educations (Ojerinde 2012).

The problem of the dearth of qualified teaching staff at the Ebonyi State University in Nigeria prompted the university to send seven of its staff members to study for an M.Sc. in Nursing in the United Kingdom in 2012 under the Tertiary Education Trust

Fund Intervention programme to improve its academic workforce development (Udu and Nkwede 2014). The researcher was among the beneficiaries of this programme.

The courses or modules offered are expansions of the NMCN approved basic nursing programme modules, which are jointly approved by NMCN and NUCN. The undergraduate nursing students share the same classes and examinations as students of medicine and surgery, radiology, medical laboratory science and medical rehabilitation, until the 3rd year. The shared modules cover a broad disciplinary range: anatomy, physiology, medical biochemistry, microbiology, cellular pathology, pharmacology, psychology, philosophy, biostatistics and sociology.

From 2nd year, they are gradually introduced to departmental modules such as Foundations of Nursing, and in 3rd year to 5th year, they take more modules in their departmental specialism, as do other departments within the School of Health Sciences. Although both basic and undergraduate nursing programmes in Nigeria seem heavily work-loaded programmes, the students still complete their programmes within five years as expected, unlike their postgraduate nursing student counterparts. That the basic and undergraduate students complete their programmes as expected is most probably because of the increased staff strength, resulting from the flexibility of the authorities in employing graduate assistants to lecture at teaching undergraduate level (NMC 2009).

Taking the Ebonyi State University and the University of Nigeria, Enugu Campus as examples, the percent of graduate assistants in the department of nursing, as at the year 2012, was 70% at both universities. The rate of programme completion for

undergraduate nursing students was about 96%, allowing for attrition resulting from ill health and other personal challenges of the students. The knowledge of the undergraduate programme completion rate comes from the direct experience of the researcher, who worked at the Ebonyi State University, then worked as a graduate assistant and studied at the University of Nigeria. This completion target has not been met, however, across a range of postgraduate programmes in Nigeria; postgraduate nursing programmes seem to be the most affected (NMCN 2009, NMCN 2012).

Postgraduate nursing education in the context of this study refers to master's degree and doctoral degree programmes. The duration of a master's degree programme in nursing is a full session (12 months) for full-time students, and one and a half sessions (18 months or three semesters) for part-time students. The doctoral degree programme in nursing, on the other hand, covers two full sessions (two years or four semesters) for full-time students and three full sessions (three years or six semesters) for part-time students (NUCN 2012, Ndie 2012). Both are taught programmes, and students are expected to attend school according to the departmental timetables to take modules as may be required.

The exit point in masters' degree programmes for both full-time and part-time students is the Masters of Nursing, with specialisation in an area of interest in nursing (NUCN 2012, Ndie 2012). The speciality areas are nursing education, medical-surgical nursing, mental health nursing, and community health nursing. The same applies to doctoral degree programmes where both full-time and part-time

students have common exit points in PhD in Nursing Science (NUCN 2012, Ndie 2012).

The lecturers in these postgraduate schools must have at least a doctoral degree in nursing but, because of the dearth of academic staff with those qualifications, those with at least a Masters of Nursing degree, or doctoral degree in related fields are employed. However, they are given a stipulated time limit to attain their doctoral degree in nursing (NUCN 2012, Ndie 2012). Related fields including nutrition, epidemiology, public health and health education, may be considered. The combination of modules depends on the student's area of research interest, but each student takes a minimum of 14 modules at the Masters level, or 11 modules for a doctoral degree programme (NUCN 2012, Ndie 2012). All postgraduate students must study a module in research methods.

Assessment in both the masters and doctoral degree programmes is by time-bound, in-class, written examinations for each module, and by the research dissertation or thesis, which must include a proposal, defence and post-field defence (NUCN 2012, Ndie 2012). Both pre- and post- field defences must pass through the University Senate for approval, but the approval process is complicated by bureaucratic bottlenecks (procedure related delays) and technological challenges (internet access and failure) that seem to be inherent in the country (NUCN 2012, Ndie 2012).

In both masters and doctoral degree programmes, there is a formal distinction between full-time and part-time programmes in nursing but in practice there is no distinction as both full-time and part-time students run the same modules, sit in the

same classes, write the same examination at the same time and have common exit points. With this structure of postgraduate nursing in place, both part-time and full-time students struggle to complete their programmes of study as expected. Any master's degree student that completes in five years from the start of the programme is especially commended by friends, partners and well-wishers for finishing on time. The same celebration applies to any doctoral student that finishes a 2 or 3-year programme in six or seven years because completion at this level is so unusual. In the absence of published evidence or studies of the phenomenon described above, the researcher, who lectures in one of the universities in Nigeria can nonetheless draw from personal experience, as he started a master's degree programme in nursing in Nigeria on a full-time basis, which he could not finish after four years before leaving for another master's degree programme in nursing in the United Kingdom.

Those aspiring to enter the nursing profession may go through the basic nursing route or the baccalaureate route. The entry qualification for both basic nursing and baccalaureate programmes is the same in Nigeria today. One who possesses a basic nursing certificate may proceed to a degree programme in nursing. A degree certificate in nursing is a prerequisite for a master's degree programme, and a master's degree certificate is a basic requirement for a doctoral degree programme in nursing in Nigeria. In conclusion, students of basic nursing and baccalaureate nursing programmes complete them as expected, but students of postgraduate nursing programmes experience much delay in their completion period, and the delay often results in students dropping out from their programmes.

Conclusion: This chapter looked at some relevant literature on the topic. A general overview of nursing education in selected countries of the world was explored in terms of current labour mobility and their respective post-colonial histories. The countries explored include the United Kingdom, the United States of America, Australia, China, Turkey, Egypt, South Africa, and Ghana. These countries were selected because of their strategic contributions to the global development of nursing education to date.

The structures of basic, undergraduate and postgraduate nursing education programmes in Nigeria were discussed using some relevant documents from the Nursing and Midwifery Council of Nigeria and the National Universities Commission of Nigeria. The next chapter continues by exploring factors that affect postgraduate education for nurses first in a global context and then the Nigerian context. An understanding of the global context of nursing education, especially in the developed countries, such as the United Kingdom and the United States of America, helps the reader appreciate global influences on the Nigerian nursing education system. In addition, the researcher feels that the comparison of trends in nursing education in the prominent countries of the world regarding nursing, with nursing education in Nigeria, would help to expose the gaps that need to be closed in that country, Nigeria. The next chapter is a continuation of the literature review that addresses postgraduate nursing education in Nigeria, the processes and challenges.

3. POSTGRADUATE NURSING EDUCATION, THE PROCESS AND CHALLENGES – A LITERATURE REVIEW

Introduction

This chapter explores the factors affecting postgraduate nursing education in developed and developing countries of the world, commencing with completion rates. It also reviews the challenges involved in nurse education in Nigeria in relation to completion rates and the link between experiential learning and postgraduate nursing education in Nigeria.

This will also include discussion of the continuing influence of western education systems on developments in postgraduate nursing education in Nigeria. Finally, the impact of the development of Nigerian state institutions on civil society, and the resulting socio-political, and the sociocultural issues for Nigerian postgraduate nursing education are also reviewed.

3.1. Completion rates for postgraduate students

The issue of programme completion has been a long-standing problem among postgraduate students the world over, not least in nursing and the health care professions. Different authors have carried out several studies across the globe in a bid to address the challenges of delay in programme completion and attrition among postgraduate students. These challenges are not peculiar to any discipline, but affect all disciplines, including nursing as can be seen from the following studies. This section evaluates the literature on postgraduate student programmes with particular attention to completion and attrition rates, the patterns of completion among full-time

and part-time students, barriers to programme completion, and the recommendations of various authors on improvement of postgraduate programmes.

A quantitative study conducted by White, Williams and Green (1999) in Wales in the United Kingdom with a sample size of 315 students and questionnaire as a tool, explored “discontinuation, leaving reasons and course evaluation comments of students on an undergraduate common foundation programme” with the aim of determining student nurses’ reasons for leaving the programme without completion. The findings revealed an attrition rate of 21%. Further analysis of the findings attributed the students’ attrition to course-based problems, assessment failure, and voluntary dropout. Despite the great difference between Nigeria and the United Kingdom in their levels of development, this is not far from the situation in Nigeria where Eshiet (2015) estimates the drop-out rate to be as high as high as 20%. However, as this was an undergraduate programme the reasons for leaving may be different for those cohorts.

In a systematic review of carried out by Abiddin, Affero, and Ishmail (2001) on the attrition and completion issues in postgraduate studies for student development programmes in Malaysia, it was discovered that the attrition rate for postgraduate students was 40% and the completion rate was 60%. From the literature reviewed, the key factors that influence the students’ programme completion rates were a lack of resources and student support. The limitation of this study is that the researchers did not state the number of articles reviewed and the type of systematic review. However, the article was selected because it is relevant to the topic of study, and Malaysia is a developing country like Nigeria.

Honey (2004) used a survey study in his work entitled “flexible learning for postgraduate nurses: a basis for planning” in New Zealand to determine students’ access to internet facilities for their programme. 162 students participated in the study, and the return rate of the questionnaire was 90%; the findings demonstrated that students did not have access to functional internet facilities and that affected their studies negatively (Honey, 2004). In this study, the term “internet access” was not operationalised; however, the researcher hopes that “internet access” in the context of the developed country may be a relative term meaning “occasional internet network failure” as opposed to developing countries where network failure is a regular phenomenon.

Prymachuk, Easton and Littlewood (2008) carried out a retrospective cohort study in Manchester, the United Kingdom on “Nurse Education: Factors associated with attrition” using the demographic records of Manchester University’s school of Nursing, Midwifery and Social Work to identify factors responsible for high attrition rate among nursing students. 1259 students studying at the large English university were used for the study. Prymachuk, Easton and Littlewood concluded that those who had only minimum qualifications on entry usually dropped out, students older on entry usually completed and those with higher entry qualifications completed as well. Moreover, it was discovered that staff also influenced the completion rate because of a poor support system and mentorship. As developed as the United Kingdom is, one would wonder why student support and mentorship would emerge as challenges; the only explanation, from the researcher’s view, is that learning and development in a dynamic society is a continuous process.

In a similar study Jiranek (2010) explored retrospectively the potential predictors of timely completion among dissertation students in Australia using records of 1688 research degree students in Australia. The study revealed an attrition rate of 33% and a completion rate of 67% among the research students. However, male students and international students on scholarships completed their programmes within a shorter period than the home students who were self-sponsored. From Jiranek's study, it appears that there may be a close link between funding rates and programme completion rates, as well as a relationship between gender and programme completion rates. The authors in both studies (Abiddin, Affero, and Ishmail 2001; Jiranek 2010) suggest that an improved support and programme framework for students, which can be achieved through periodic programme assessment and framework review, enhance student retention and timely programme completion.

Postgraduate students in Sweden also experience delay in programme completion. This is revealed in participatory action research conducted in Sweden by Millberg, Berg, Lindström, Petzäll and Öhlen (2010) on the topic "tensions related to the implementation of postgraduate degree project in specialist nursing education". The researchers did not state the number of participants. The study was aimed at examining the introduction of a postgraduate programme into specialist nursing education for two and half years in five universities in Sweden. From their findings, they concluded that the introduction of the postgraduate programme generated tension that led to delay in students' study completion period. Tension is a common phenomenon when new programmes are introduced because of uncertainties,

however, with the presence of effective students' support and an authentic learning environment (Jonassen and Land 2012), such tensions would usually be resolved in a couple of days. It is also possible, therefore, that the study environment was inauthentic and lacked effective student support, which is also the case in Nigeria.

Essa (2010) carried out qualitative research "reflecting on some of the challenges facing postgraduate nursing education in South Africa" 29 students were purposively selected for the study. From the study, lack of institutional and social support, the rigours of high academic demands and inability to cope with the unimagined realities of the postgraduate programme were identified as the major challenges to postgraduate nursing education in South Africa (Essa 2010). This study is particularly relevant to postgraduate nursing education in Nigeria because of the Obafemi Awolowo University. The pioneer of postgraduate nursing education in Nigeria has a strong affiliation with South Africa (Ndie, 2014). One would expect to find similarities between the two countries' respective challenges and success stories in postgraduate nursing education, since they share a common educational ideology.

Similarly, Davis, Davis and Williams (2010) carried out a study in the United States of America on "hallenges and issues facing the future of nursing education: implication for ethnic minority faculty and students". The aim of the study was to explore the future challenges of nursing education using systematic review of the literature. It found that resource constraints, learning styles and places, competition for clinical sites, and focussing on the basics are the major challenges facing the future of nursing education in the United States of America.

A case study, “War of attrition: patterns of non-completion amongst postgraduate research students” was carried out by Park (2011) using 1376 postgraduate student at Lancaster, in the United Kingdom. The case study, which made use of postgraduate students’ records, revealed high attrition rates among the students. The study was carried out to examine patterns of non-completion rates among postgraduate research students. The non-completion rate was higher among students aged 40 and above, students from the United Kingdom, part-time students, non-science students, and non-alumni of the University. However, unlike Jiranek’s study in Australia, there was no significant difference in gender.

As with the two studies in Malaysia and Australia (respectively Abiddin, Affero, and Ishmail 2001; Jiranek 2010), funding emerged again as a barrier to timely completion of the postgraduate programmes. Park (2011) suggests that this is could be attributed to the fact that international students on scholarship had a shorter completion period than the home students in the United Kingdom because they work harder to finish and go back to their sponsors. Other factors significant to completion emerging from the study according to Park (2011) are age, mode of study, and whether the postgraduate candidates already had knowledge of the academic regulations of the university.

Eddins, Hu and Liu (2011) examined “Baccalaureate nursing education in China: issues and challenges” using systematic review of the literature. Although the researchers acknowledge that they do not state the number of items of literature reviewed and their sources, their findings indicate that the method of entry was

rigorous, and the curriculum was overloaded with irrelevancies. Moreover, compared to the public image of nursing, the reality was disappointing (Eddins, Hu and Liu (2011, pp. 31 - 32).

The challenges identified in this study are quite similar to the issues in African countries such as Ghana, South Africa, and Nigeria regarding programmes programme structure (Bell, Rominski and Donkor (2013); Essa (2010); Irinoye et al. (2013). The similarity, in the researcher's view, is because China, despite its economy being rated the second-largest in the world, is still a developing country. . Its classification as such (World Bank, 2016) suggests that it still shares most of the characteristics of other developing countries in the world regarding academic development in the nursing profession. Notwithstanding the fact that the study was carried out among undergraduate nursing students, it was considered because the factors that affect nursing education cut across all levels from undergraduate to a doctoral standard.

In Ghana, Bell, Rominski and Donkor (2013) published an “analysis of nursing education in Ghana: priority for scaling-up the nursing workforce” to determine the strengths and challenges of nursing education in the country. Rominski and Donkor (2013) state that 150 students participated in the study; the design was qualitative using group discussion, interview and non-participant observation. From their findings, no structured programme and infrastructure were in place, curriculum content was voluminous, and there were large class sizes. Ghana shares a common boundary with the western part of Nigeria and Nigeria also supplies workforce

(visiting lecturers) to Ghana; their experiences should not be very different, because of the influence of Nigerian visiting lectures.

The postgraduate students in Nigeria are no exception to the global trend of delay in programme completion periods. In a systematic review by Agbedia (2012) "Re-envisioning nursing education and practice in Nigeria for the 21st century", aimed at exploring the current situation and future development of nursing education and practice in Nigeria, the issue of delay in postgraduate nursing programme completion was also pointed out. As with the later study by Agu and Kayode (2013), the programme completion and attrition rates were not stated. However, the delay in programme completion in both studies was linked to programme structure and the reduced workforce of nurse lecturers.

In the same vein, Irinoye, Ayandiran, Faronbi and Mtshali (2013) did a systematic review, "Education reforms in Nigeria: How responsive is the nursing profession" with the aim of exploring changes in nursing education in Nigeria and the attendant challenges. Their findings show that nursing education has experienced some reforms and problems in Nigeria. The major challenges according to Ayandiran et al. (2013, p. 6) include, "inadequately qualified nurse educators with a higher degree in nursing and stringent policy issues by National Universities Commission of Nigeria on the establishment of postgraduate schools. Others are technological challenges and public image of the profession (inappropriate placement of the basic registered nurse (RN) certificate). The challenges impact negatively on the progression of postgraduate nursing education in Nigeria." While this study was not specifically focussed on postgraduate nursing education, it is included here on the basis that similar factors affect nursing education in Nigeria across all levels.

Agu and Kayode (2013) in their survey study on the variables attributed to delay in thesis completion in Anambra State in Nigeria discovered that 212 students that participated in the study experienced several forms of delay. Although the completion and attrition rates were not mentioned in the survey, the delay was attributed to poor supervision of students and a non-supportive research environment regarding necessary skills and resources. The researchers, therefore, recommended adequate training of research supervisors and provision of a supportive research environment to sustain the interest of the postgraduate students.

Cuba, Scanlan and Henadez (2014) studied “challenges of implementing a doctoral programme in nursing in an international exchange in Cuba through the lens of Kanter’s empowerment theory” intending to describe and analyse the challenges of implementing doctoral programme in nursing in Cuba using systematic review of the literature. Although the method of literature review, the number of pieces of literature reviewed and their coverage were not stated, the findings reveal the challenges to include resources, support system, technological issues and internal politics within the academic system (Scanlan and Henadez 2014).

“Professional identity and nursing: contemporary theoretical development and future research challenges in Australia” describes research undertaken by Johnson, Cowin, Wilson and Young (2012) to explore factors affecting professional identity in nursing and improve students’ retention in the programme utilising systematic literature review. From their findings, both students and the public have a poor understanding of professional identity in nursing. A major limitation of the study, however, was that

the number of items of literature reviewed was not stated. The finding is similar to the situation in China where nursing suffers a poor image, which is attributable to poor understanding of the professional identity of nursing (Eddins, Hu and Liu, 2011).

3.2. Possible reasons for delay in postgraduate student programme completion and graduation

There are inadequate support systems to help the students in their courses of studies unlike United Kingdom and the Western countries where they are available and accessible to students. The term 'support system' as used by the researcher here refers to a favourable learning environment, which has adequate textbooks, electronic books, and well-equipped libraries with internet facilities, computers and learning resource staff. The availability of these resources is what Jonassen and Land (2012) described as the student-centred environment. Hannafin (1999 cited in Jonassen and Land 2012, p. 14), asserts that the design components of student-centred environment include processing tools, manipulating tools and communicating tools.

Processing tools (texts and videos) help in the mental processing of information searching, collecting, arranging, synthesising and reflecting. Manipulating tools (computers and projectors) allow the transformation of user inputs and visualisations; while communicating tools enhance social interaction and dialogue. These components must be present for effective learning to take place. However, it is important to note that the designer can manipulate them to suit the teaching aim and

learning outcomes (Jonassen and Land 2012). Manipulating the components to suit the context is what Jonassen and Land (2012) further describe as case-based or discipline sensitive environment.

To help students learn what they are expected to learn, Biggs (2007) proposed the theory of constructive alignment, which involves choosing aims that maintain a balance between the module content, learning activities, teaching and learning approaches and assignment procedures (Entwistle 2003). The components of the theory include the curriculum or module contents, teaching methods, the teaching-learning environment and the evaluation process; each element should work towards achieving deep learning as a shared goal (Biggs 2003).

There are different approaches to teaching especially in higher institutions; Prosser, Trigwell and Taylor (1994); Driel, Verloop, Werven and Derckers (1997) posit three approaches to teaching: the teacher-focused and content-oriented approach, the student-activity focused approach and the student-focused or learning-oriented approach. The first approach is concerned with the teacher finishing the module contents, whether learners understand or not. The second approach tries to get students to do their assignments so that they will be actively involved in the learning process, and the last approach is more interested in what the student has learned at each stage of the learning process (Driel et al. 1997). This last approach seems to reflect greater interest in the learning needs of the students rather than module content or student activity.

Possible causes of delay in postgraduate nursing programme completion, in the researcher's perspective, include, but are not limited to the dearth of qualified academic staff to run postgraduate nursing programmes. There are also congested exit points for full-time and part-time students, inadequate support systems, problems with the methods of curriculum implementation, technological challenges, programme work-overload, and political instability. The explanations are summarised in the following sections.

The NUCN (2012) and the NMCN (2012) stipulate a student-lecturer ratio of 10:1, but because of the dearth of qualified academic staff to take up the postgraduate nursing education lecturing job, the ratio is about 20:1. In the researcher's view, this ratio seems inadequate to meet up with the enormous task of graduating students as expected especially in the context of increasing numbers of candidates seeking admission into the postgraduate nursing programme. When students' expectations are not met regarding the expected period of graduation, they get discouraged and leave the programme (Lekalakala-Mokgele 2008).

In Nigerian universities, as stated above, the exit points for postgraduate nursing education are either M.Sc. Nursing or PhD Nursing (Ndie et al. 2012) depending on the programme in which the student enrolls. The implication is that students that are academically weak are not allowed to leave until they have either satisfied the examination board or withdrawn from the programme. Meeting the examination board requirements means that they have to wait until the following year since there is provision for neither re-sit examination nor re-submission. In the curriculum analysed by Boore (1996) on the postgraduate nursing programme in the United

Kingdom, and as explained by the Quality Assurance Agency for Higher Education (2014), a postgraduate nursing student may exit with a Postgraduate certificate or diploma. Although there is a problem with acceptance of this arrangement in Nigeria, it leaves the weak students and those combining their studies with work with a choice of exit point thereby decongesting the programme. In the United Kingdom, this system allows flexibility, while in Nigeria; postgraduate students do not value any certificate that is for a lower qualification than their intended postgraduate certificates.

The method of curriculum implementation or facilitation seems to lack constructive alignment and does not support adult learning. Indeed, the programme structure and content in the Nigerian universities appears, in contrast to what obtains in the developed countries, to be grossly overloaded. Keating (2011) and Kelly (2006) opine that curriculum content should be planned in such a way that it should match the time frame. Both authors suggested a maximum of seven modules in a taught postgraduate programme. The curriculum contents of masters and doctoral nursing programmes in Nigeria have up to 14 modules, excluding dissertation and thesis respectively (NUCN 2012, Ndie 2012). Finishing this load in one year is not only demanding but practically unachievable. The unattainability, again, seems to leave both lecturers and students struggling in vain to build castles in the air. The details of curriculum contents and implementation will be discussed later in section 3.3 of this chapter.

From the researcher's personal experience as a student teacher in Nigeria, the teaching approach is module content-oriented where the teacher struggles to finish

the overloaded module which, in most cases, is not achievable. The reason for this approach is the assessment method, which is time-based classroom examinations made of multiple choice and essay questions, and the lecturer must cover the module content. This approach leaves both the lecturers and students unable to cope with the time-frame thereby leading to unplanned programme elongation.

3.3. Political instability: a major influence on postgraduate programme completion in Nigeria

Most of the time, academic activities are interrupted by protracted industrial actions (strikes) embarked upon by the academic and non-academic staff members of the universities to make their voices heard in the pursuit of a particular interest or demand. Sometimes, the universities may lose a semester or a whole session to such action, which leaves the academic calendar at the mercy of uncertainties (Adesulu, Mosadomi, Olatunji, and Una, 2016). The results of this are the elongation of a session, the omission of a session, or the subjection of both lecturers and students to unbearable pressure, as the case may be, to catch up with the demands of the backlog of modules.

Adamu and Alagbu (2014) carried out a quantitative study on Academic Staff Union of Universities (ASUU) strikes and quality of education in Nigeria using 450 participants. The study aimed at examining the implementation of the academic curriculum, examining students' rates of graduation, and assessing the quality of teaching in universities in Nigeria. The findings revealed that strike actions destabilise the academic calendar of the Nigerian universities, delay students'

completion of their programmes, and interfere with curriculum implementation. Although this study was carried out among undergraduate students, the academic calendar is the same for both postgraduate and undergraduate students; the impact is, therefore, the same for both postgraduate and undergraduate students.

Umeagbalasi (2013) explored the implication of incessant industrial action by ASUU on students' performance by carrying out a similar study. The researchers used ex-post-facto design for the study. The findings reveal that strike actions disrupt the universities' academic calendar, and adversely affect students' academic performance in semester examination as they struggle to cope with the accelerated post-strike crash programmes.

From this researcher's perspective, the possible reasons for the delay in completions by postgraduate nursing students in Nigeria, include, but are not limited to the dearth of qualified academic staff to run the postgraduate nursing programme, and congested exit points for full-time and part-time students. Furthermore, there are inadequate support systems, and methods of curriculum implementation, technological challenges, programme overload and political instability. In fact, most of the challenges facing postgraduate nursing education in Nigeria have a direct link to the sociopolitical structure of the country, and that is why an understanding of the political instability is necessary. The details of the socio-political context of Nigeria are discussed in section 1. of this thesis

3.4. Experiential learning and postgraduate nursing education in Nigeria: the conflict between definition and process

Understanding postgraduate nursing students' journey through completion or withdrawal requires adequate knowledge of experiential learning since it is concerned with adults' learning. Adult learning takes place when the experience is transformed into knowledge (Conifield, Moseley, Hall and Ecclestone 2004). Postgraduate students are adults, and for them to learn, their perspectives and perception of the world around them need to be transformed into improved knowledge through experiential learning (Mezirow 2000). Experiential learning has been defined in various ways by many authors; Wolfe and Byrne defined it as experience-based learning (Gentry 1990); while John Dewey described it as learning by doing (Ord 2012). Experiential learning can best be summed up in this quote attributed to Confucius, "I hear, and I forget; I see, and I remember; I do, and I understand" (Gentry 1990, p.9). Experiential learning takes place in phases as discussed in the next paragraphs.

Gentry (1990, p. 11) outlines the components as "design, where the instructor sets the stage; conduct, which involves controlling the design (timetable, activities, environment and module content); evaluation, which is done by the instructor to assess the teaching and learning objectives; and feedback, which should be ongoing throughout the learning process".

In 1993, Dean described the stages in the process model of experiential learning as including planning, involvement, internalisation, reflection, generalisation, application, and follow-up (Beaudin, 1995 and Ord, 2007). There are other models

that explain experiential learning. However, Dean's process model is considered more appropriate for this study because it seems more comprehensive than other models.

John Dewey's pragmatic method of education greatly influenced the idea of experiential learning the world over (Beaudin 1995). John Dewey's main assumptions about experiential learning states,

“people learn best when they are involved in the learning process; and knowledge discovered by the individual is more meaningful. Also, a person's commitment to learning is highest when the person is free to set his learning objectives and pursue them within a given time-frame” (Ord 2012, p. 55).

Experiential learning can be recognised when it occurs because it has unique characteristics. Beaudin (1995, pp. 19 – 20) outlines the characteristics as follows:

“The learner is an active participant, learning takes place after reflecting on the action, the learner gives meaning to what is going on and not the facilitator, and human experience is the source of learning. Furthermore, it is student-based and not teacher-based; personal experiences are valued in the learning environment; it is oriented towards process and product; it emphasises holistic

understanding and component analysis, and it is based on students' perception rather than theory-based".

In the researcher's opinion, experiential learning implies getting the adult learner involved in the learning process from its planning to its implementation, taking into consideration the learner's previous knowledge and environment. In addition, it involves allowing the learner to be part and parcel of the curriculum evaluation process. This way, the learner will develop a greater sense of participation, commitment and ownership of the learning process; rather than merely receiving abstract content-oriented modules.

A reflection of the researcher on his experiences during his studies in Nigeria reveals that postgraduate nursing students are not involved in the process of planning the timetable and setting objectives for their studies. The students seem not to be committed to the programme, which is the contrary of what Beaudin (1995) describes, because they are like strangers in their programme, in the sense that they are not involved in programme planning *ab initio*. Experiential learning should be student-focussed and learning-oriented (Trigwell and Taylor (1994); Driel, Verloop, Werven and Derckers (1997), where the emphasis should be on what the students learned and how to improve the learning. In contrast, the situation in Nigeria is teacher-focused and module content-oriented; this situation gives no room for effective independent study as students and lecturers struggle to finish the over-loaded programme content instead of achieving effective learning. For students the possibility of both completing the programme contents, and also completing their

studies as expected with this approach, where pedagogy and andragogy are combined, is a mirage.

In conclusion, experiential learning can best be summed up in this quote attributed to Confucius as quoted earlier, “I hear, and I forget; I see, and I remember; I do, and I understand” (Gentry 1990, p.9). Postgraduate students are adults, and for them to learn, their perceptions of the world around them need to be transformed into improved knowledge through experiential learning (Mezirow 2000). Experiential learning can be recognised when it occurs because it has unique characteristics; the learner is an active participant, learning takes place after reflecting on the action, the learner gives meaning to what is going on and not the facilitator. Furthermore, human experience is the source of learning (Beaudin 1995, pp. 19 – 20). A reflection on the researcher’s experiences in Nigeria reveals a conflict between the definition of adult learning and the process of adult learning because the adult learners are far from being active participants in their programmes.

3.5. International partnership in postgraduate nursing programmes: the link between the developed and developing countries of the world

Development in the academic industries follows the trend of development in each country. The developed countries seem to have experienced more development in their academic systems than their developing counterparts. According to The United Kingdom Higher Education International Unit (2013) and the American Council on Education (2015), the United Kingdom and the United States of America are on the

giving side, while other developing countries are on the receiving side regarding most, if not all, academic international partnerships. The University College London (2017, p.3) defines academic partnership as:

“The management of all learning opportunities leading or contributing to the award of academic credit or a qualification that is delivered, assessed or supported through an arrangement with one or more organisations other than the degree-awarding body”.

The United Kingdom Higher Education International Unit (2013) outlines the main drivers for an international partnership to include cross-border research, establishing reputable marketing arrangements across the overseas universities, maintaining academic standards, and international work placement contracts. Others are access to international services (internet services and new technological innovation) and teaching collaboration. The United Kingdom Higher Education International Unit (2013), the America Council on Education (2015), and the University College London (2017) recognise and implement different types of academic partnerships; they include validation agreements, articulation agreements, joint awards, multiple or dual agreements, teaching contributions, split-site doctoral programmes, study exchanges, and flying faculties. These forms of academic partnerships are further discussed in the next paragraphs.

Validation arrangement is the type of partnership whereby the service-providing institution reviews a programme at another institution and decides that the programme is of sufficient quality that the providing institution would award certificates to students who successfully complete the programme (The United Kingdom Higher Education International Unit 2013). Validating overseas programmes can be a relatively easy way for a university to widen its international relationship and potential income base without incurring significant capital expenses (The United Kingdom Higher Education International Unit, 2013). Since the overseas partner has relatively wide discretionary power over the delivery of the programme, the disadvantage is that it has the potential to affect the reputation and academic standing of the providing university (The United Kingdom Higher Education International Unit, 2013).

Articulation arrangements are sometimes called advanced standing collaborations (the University College London 2017). This form of partnership is similar to the validation arrangement, but for some features of an undergraduate degree. Under an articulation arrangement, students who successfully complete a course at an overseas institution will be allowed automatically to enter onto a programme in the providing institution (the University College London 2017). The disadvantage of the articulation arrangement is similar to the validation agreement, although the risk of compromising the academic standard of the providing university is even higher (the University College London 2017). In addition, as students will study at the providing and the receiving institutions, the chance of students paying higher fees is also greater (the University College London 2017).

In a joint award partnership, students study at both the providing universities and the overseas institution, often for a period of two years at each. The students are awarded certificates jointly by the two collaborating universities on successful completion of a programme (The United Kingdom Higher Education International Unit 2013). However, the challenge with the joint partnership awards is the ability of the universities to make the award regarding employment and legal requirements (The United Kingdom Higher Education International Unit 2013). Franchise collaboration is similar to validation; it entails the delivery of a providing university's programme in an overseas institution (The United Kingdom Higher Education International Unit 2013). The providing institution produces the programming scheme and course materials. The disadvantage, in the researcher's view, is that the implementing overseas institution may misuse the scheme and course materials thereby compromising the quality of academic standard (The United Kingdom Higher Education International Unit 2013).

A dual or double award is fundamentally the same as a joint award, except that on successful completion of a course, students are given one award from each institution (The United Kingdom Higher Education International Unit 2013). The problems of dual awards are comparable to those arising from a joint award, except that there should not be any questions over the capacity of the providing institution to make a dual award (the University College London 2017). The award itself should specify that students have undertaken only one programme of study (The United Kingdom Higher Education International Unit 2013).

Unlike other forms of partnership, the on-campus provision requires the providing institution to create its own overseas campus and to deliver programmes there (American Council on Education 2015). Considering the intricacy and the extent of investment required for this approach, it is expected always to involve some level of collaboration with a local partner (American Council on Education 2015). Setting up an overseas campus will necessitate an early involvement of both the providing institution and overseas lawyers who would address the challenges of setting up a legal framework, tax issues, employment regulations, and in some cases, even obtaining accreditation from the local ministry of education (American Council on Education 2015).

In teaching contribution, the students undertake a programme in one university; part of which is delivered by another institution or institutions (University College London 2015). However, the programme leads to an award conferred by the primary provider and degree-awarding institution (University College London 2015). The number of contributing institutions notwithstanding, the level of contributions must not exceed 50% of the total programme credit load (University College London 2015).

Split-site doctoral programme refers to an arrangement that enables a doctoral student's secondary supervisors to come from another institution than the degree-awarding institution (University College London, 2015). The degree-awarding university provides the primary supervisor, but the student spends time at both universities working on his academic research. The student exchange collaboration involves a situation whereby the students undertake a fixed period (a term, a semester, or a full session comprising two semesters) at an institution overseas

depending on the terms of the agreement (University College London 2015). This type of collaboration allows for the exchange of ideas and knowledge across the universities involved.

In the flying faculty model, the providing institution will deliver a programme itself in a foreign country. Strictly speaking, this is not a form of collaboration at all, as the providing institution does not need an overseas partner (American Council on Education 2015). Nonetheless, an overseas partner is often involved in some way in such an arrangement, and this is the justification for discussing it alongside other forms of collaboration.

The type of partnership notwithstanding, developing a sustainable academic partnership involves suitable potential partners, developing a common vision, establishing a strong institutional commitment among the intending partners, and developing a sustainability plan. Evers and Lokhoff (2012) state that creating an academic partnership is demanding of effort and time. This is because getting potential partners, who are compatible and functionally complementary, is not easy. It takes time and much effort to interact and get to know each other well. It is not enough just to start an academic partnership; a sustainable academic partnership must be backed by a strong legal framework. Once the institutions have agreed on the kind of partnership which they would like to enter into, the next step is to decide on the legal structure of the collaboration (The United Kingdom Higher Education International Unit 2013). The most common types of legal structure include that the institutions may regulate the collaboration only by way of a contract; one or more of the institutions may set up a secondary company to enter into a contract with the

other; the institutions may choose to set up some form of joint venture company (The United Kingdom Higher Education International Unit 2013). No structure is the best, but the preferred corporate form is at the discretion of the intending partners

3.6. The influence of western educational systems on postgraduate nursing education in Nigeria: an analysis of United Kingdom and United States of America influences

The educational system in Nigeria is a hybrid of the United Kingdom and the United States of America educational systems (Nicol, 1961; Etim, 1976). Britain colonised both the United States of America and Nigeria, but the length of colonisation differs; whereas the United States was colonised for 156 years (1620 - 1776), Nigeria was colonised for only 60 years (1900 - 1960) (Etim, 1976). The difference in the duration of colonisation implies that the United States of America had more time to strengthen its educational system under British rule than Nigeria.

The pioneer of Nigerian independence and its educational system, Dr Nnamdi Azikiwe, with his colleagues, had his education from the United States of America (Ojiako and Ulansky, 1960). When they brought university education to Nigeria, the indigenous staff members, who were mostly graduates of American universities, were greatly influenced by the American educational policies with which they were familiar. Apart from the University of Ibadan which started in 1948 as an affiliate of London University (Damiola, 2013), other pioneer universities in Nigeria started as a result of the recommendations of the Ashby Commission consisting of three Britons, three Nigerians and three Americans (Nicol, 1961). The Ashby Commission was a

committee set up in 1959 as a continuity measure for the post-independence educational system in Nigeria (Nicol 1961). The commission submitted its report in September 1960, a month before independence in October 1960 (Nicol 1961). According to Nicol (1961), the committee report was named after the chairman, Sir Eric Ashby. This Ashby report of 1960 formed the foundation of higher education development in Nigeria. Anyanwu (2006) states that the formation of the committee was necessitated by the need for a workforce to take over the Nigerian educational system from the pre-independence expatriate officials.

The educational policies of both Nigeria and the United States of America borrowed from British educational policies (Anyanwu, 2006). The difference is that British elites with high academic qualifications influenced the American educational policies, while British missionaries who were of low academic profile (Anyanwu, 2006) influenced the Nigerian educational policies. In America, policy allows both rich and the poor to access education; in contrast, only the rich, who could raise money to support mission work in Nigeria, were allowed access to education during the colonial era (Etim, 1976). Moreover, the socio-cultural and political environment in Nigeria differs greatly from what obtains in both the United Kingdom and the United States of America.

Whereas there is relative stability in the political and economic systems, and gender equality in both the UK and the USA, Nigeria is characterised by corruption, political instability, and gender inequality occasioned by the country's paternalistic cultural setting (Adesulu, Mosadomi, Olatunji, and Una, 2016; United Nations 2009). These foundational issues are the possible explanations for the weak structure of the

nursing education system in Nigeria as against its sister state, the United States of America and its former colonist, the United Kingdom. It is possible that the Nigerian education policymakers did not consider the socio-cultural context and political setting in Nigeria during the formulation and subsequent updates of the country's educational policies, resulting in some of the drawbacks encountered today.

It may be recalled, as elaborately discussed in the introductory chapter of this work, that nursing education started in Nigeria in mission hospitals in 1930. Their evolution continued until 1952 when the first school of nursing outside a mission hospital was established at the University of Ibadan. The influence of missionaries, academically undistinguished, seems to have been institutionalised for these 22 years (1930 - 1952) and beyond as there are still mission schools of nursing in Nigeria today.

The university nursing education in Nigeria, especially at the postgraduate level, is still struggling to survive in an environment where the socio-political structure is male-dominated (Ekpe, Aloba and Egbe 2014). In contrast to other health professions (medicine and surgery, pharmacy, medical laboratory sciences and radiology), nursing is poorly represented at the policy formulation and decision-making level (NMCN 2014). This situation has adversely affected all aspects of the nursing profession in Nigeria, the education sector included. In a country of over 180 million people, there are only three main providers of postgraduate nursing education as earlier discussed in this chapter (the University of Ibadan, the University of Nigeria, Nsukka, and the Obafemi Awolowo University, Ile-Ife) (NMCN 2014).

The low level of representation of nursing in the governance of Nigeria and lack of political will on issues of nursing inclusion and equality in policymaking can be traced back to the origin of the profession. The low representation and lack of political will can be best understood from the Deloughery who wrote,

“Medicine and nursing had independent origins and existed many centuries without much contact. During the middle ages, a group of uneducated or untrained women met nursing needs. When medicine was passing into the modern phase, nursing was at a low ebb. The physicians needed an assistant who could observe scientifically and assist intelligently without relinquishing the qualities of common sense and sympathy. The concept of this being a woman’s role remained, although the new nurse needed a specialised training. The modern development of “physician assistant role” and the “nurse practitioner role” results in part from the dichotomy of struggle of women to win acceptance of their new independence and men’s struggle to avoid the embarrassment of doing what the society had labelled women’s work” (Deloughery 1977, p. 5).

The nursing profession in the United Kingdom and the United States of America struggled through this challenge to come to where they are today (Strauss 1966), but Nigeria is still in the process of becoming more politically inclusive. The impact of social structure and political environment on postgraduate nursing education in Nigeria will be explored in the next section.

Conclusion: This chapter is a continuation of chapter 2. The splitting of the literature review into two chapters was done. The chapter addressed the issue of postgraduate programme completion rates, experiential learning and postgraduate nursing education. The delay in postgraduate programme completion is a global challenge that faces all universities offering postgraduate studies. The programme completion rates and students' attrition rates across the globe range between 60% and 79%; and 21% and 40% respectively (White, Williams and Green 1999; Abiddin, Affero, and Ishmail 2001; Jiranek 2010). Nonetheless, the pattern of programme completion differs depending on self-funding, gender and choice of place of study. As shown in the study by Park (2011), part-time students and self-sponsored students take a longer time than expected to complete their postgraduate programmes, whilst full-time students and students on scholarships take the recommended time. In terms of gender, Park (2011) suggests that female postgraduate students take longer to complete their programmes than their male counterparts. In addition, postgraduate students studying in an unfamiliar environment take longer time than anticipated to complete their programmes than their counterparts who study in their alma mater.

16 papers drawn from 13 different developed and developing countries of the world were reviewed in this section. Four of the papers are quantitative studies, four qualitative, one action research and six systematic reviews; these seem to be a fair representation of all the research approaches or methods. According to White, Williams and Green (1999), Prymachuk, Easton and Littlewood (2008), Honey (2004), Millberg et al (2010) and Davis, Davis and Williams (2010), the factors affecting postgraduate nursing education in developed countries (United Kingdom,

United States of America, Australia, Sweden and New Zealand) include more personal and organisational issues. These personal and organisational issues include voluntary drop-out, assessment failure, age, entry qualifications, inadequate staff support, and access to functional internet facilities.

In developing countries (Nigeria, Ghana, South Africa, China and Cuba), the challenges relate to more fundamental issues. The fundamental issues are a lack of infrastructure, poor programme structure, and the influx of many students at a time due to increasing demand for career progression. Furthermore, the poor public image of the nursing profession, rigid programme implementation without a supportive environment, technological challenges and political issues contribute to the challenges (Irinoye et al. (2013), Essa (2010), Bell, Rominski and Donkor (2013) and Eddins, Hu and Liu (2011).

These authors (Abiddin, Affero, and Ishmail 2001; Jiranek 2010; Agbedia 2012; Agu and Kayode 2013) recommended improved student support through adequate supervision and mentoring, and funding of postgraduate students through scholarship schemes. Furthermore, they suggested a periodic review of the postgraduate curricula, increasing the lecturing workforce, developing innovative partnerships, and developing a supportive learning environment in the universities providing postgraduate educational programmes. The next chapter will explore the historical and socio-political context of Nigeria in more depth before, during and after the British colonisation.

4. UNITY IN DIVERSITY - THE SOCIO-POLITICAL CONTEXT OF NIGERIA.

Introduction

This chapter discusses the pre-colonial and the colonial era in Nigeria and the impact of colonial rule on the political and social structure of post-colonial Nigeria as an independent nation-state. The impacts highlighted include the challenges of power struggles related to affiliations to the three dominant ethnic groups (Hausa, Yoruba and Igbo), religious differences, differences in social structure and political ideologies across these ethnic groups and struggles over control and distribution of national resources.

Geographically, Nigeria is situated in West Africa with the Gulf of Guinea and the Atlantic Ocean in the South; Cameroon in the East; the Benin Republic in the West; and the Niger Republic and Lake Chad in the North (Mohammed 2013). It is one of the biggest African countries by land mass and also one of the most politically and culturally diverse and complex states in Africa (Meredith 2005), and the most populous, with a population of 180 million people speaking over 500 languages, of which English is only one of four recognised official languages according to its constitution (Falola 1999).

Nigeria is the largest oil producing country in Africa. It is at the centre of West African regional trade, cultural heritage and military power (Abdulsalami 2013). However, ironically this has been a major factor in the failure of the country to achieve its development goals, an issue that will be discussed later in the thesis.

The political boundaries of the nation were drawn by their colonial masters, the British Empire, in 1914 to protect their economic interests, which included the slave

trade, raw materials (cotton, wool, cocoa, and palm oil) for their industries, and mineral resources including coal, crude oil and steel. They exchanged these goods for their finished products (Coleman 1958).

Frequent changes in the political arrangements of the country in the colonial era have subsequently contributed to political instability post-independence (Meredith 2005). Further details of the political status of the nation, Nigeria, are contained in section 4.1 of this chapter beginning from 1914 to 1960.

Before the arrival of European colonists on the coast of West Africa in the 19th century, there were over 250 ethnic groups with different languages in Nigeria (Coleman 1958; Adesina 2002; Abdulsalami 2013). Each of these ethnic groups had their own distinctive traditional political arrangements (Abdulsalami 2013; Adesina 2002), independent systems of organised self-government (Abdulsalami 2013). Prominent among these tribal groups were the Yoruba, the Igbo and the Hausa–Fulani communities (Abdulsalami 2013). The Yoruba, made up of 14 kingdoms, were headed by the Oba and they were guided by the Ife, who was the spiritual Head of Yoruba society across all the kingdoms (Bamgbose 1995). Their system of governance was in effect a loose monarchical setup and there were elements of accountability and representation in the leadership (Bamgbose 1995).

The Igbo people practised a democratic system of governance and they had no permanent kings or chiefs like the Yorubas and Hausas who believe in a monarchy (Bamgbose 1995). They hold the view that no one is born a king or a queen neither does leadership run in families. However, they maintained decentralised,

autonomous communities for administrative convenience (Coleman 1958). The communities in rotation provide leaders democratically for the whole Igbo block when a ruling leader dies (*Basden, (1921, Abdulsalami 2013)*). The voting age then was 18 and above for both males and females; those within that age range were deemed to be adult and working age members of the various communities (*Onwuejeogw 1981*).

The Hausa–Fulani people were two separate ethnic groups, but they merged when the Hausas (traditionalists) lost in a religious war (jihad) to the Fulanis who are Muslims by religious inclination. They occupied fourteen towns, located across the Northern part of Nigeria. They were themselves grouped into two larger entities known as Hausa Bakwai and Banza Bakwai (Abdulsalami 2013). The first seven were called the Hausa Bakwai, while the other seven were called Banza Bakwai (Abdulsalami 2013). Nonetheless, the Fulani took over political leadership of the Hausa in the early 19th century (Bamgbose 1995; Lapidus 1988). They used a religious war (jihad), to institute an Islamic empire, the Sokoto Caliphate, in 1804 (Abdulsalami 2013). The Emir was the executive head of the administration with spiritual powers (Abdulsalami 2013; Lapidus 1988). Islamic laws were applied throughout the 14 Hausa-Fulani Kingdoms (Ezzati 1979). These laws are derived from the Sharia laws, which were based on the teachings of Prophet Mohammed (Ezzati 1979; Lapidus 1988). The Emir, who operates the Sharia law, exerts great influence on the people, as extreme obedience beyond the boundaries of conventional human rights was a requirement of the Sharia law (Ezzati 1979). A tradition of centralised leadership among the Hausa-Fulani Kingdoms favoured the political hegemony of the Emir (Abdulsalami 2013).

4.1 The colonial era

The creation of the nation state, Nigeria, is rooted in the colonial history of the country. This creation process formally began in 1861 with the establishment of Lagos as a colony which was initially under the control of the West African Settlement headquarters in Sierra Leone (Coleman 1958; Clark 1978). However, the Settlement headquarters was relocated to Ghana between 1864 and 1866. Following the conference convened in Berlin by Chancellor Bismark to regulate what has been called the 'scramble for Africa, fourteen European countries and the United States, from 1884 to 1885, met to discuss the emergence of Balkan independent states successfully breaking away from the Turkish Empire and who would assume control of former Ottoman territories in Africa (Clark 1978; Obaro 1980). This was a necessary negotiation given the jealousy and suspicion with which the great European powers viewed one another's attempts at colonial expansion in Africa. Indeed, the conference had been initially proposed by Portugal, which was seeking to protect a particular claim to control of the Congo estuary.

As an outcome of the Berlin Conference, the General Act of the Conference of Berlin declared that, the British Government was able to impose imperial rule over territories it had previously developed from trading centres, or entrepots, which had been primarily concerned with slavery. The other participants assented to the British imposing colonisation over African territories that now constitute the nation states of Nigeria, Ghana, Gambia and Sierra Leone in Western Africa (Eluwa, Ukagwu, Nwachukwu and Nwaubani 1988).

The colonisation process in Nigeria commenced with the introduction of indirect rule in the Northern Region where previously there had been centralised traditional rule (Eluwa, et. al.1988; Abdulsalam, 2013). The process of colonisation pursued by the British Empire allowed the traditional structures to continue in a subordinate function to the British government (Eluwa, Ukagwu, Nwachukwu and Nwaubani 1988; Abdulsalami 2013). Among the Yoruba communities, the more discrete monarchies such as the Obas of Benin, Oba Eweka, ruled. Over the Igbo group, whose communities were decentralised and autonomous, a different system of indirect rule was used (Eluwa et. al. 1988; Abdulsalami 2013).

The British government either strengthened the authority of traditional chiefs and kings, such as Chiefs Oliha Eze, Onu Egwunwoke, and Patrick Akolonu (*Okemezie 2011*). The concept of warrant chiefs is an administrative feature of the British system of indirect rule whereby chieftaincy titles were conferred on the indigenous elites in the administration of some African colonies. The arrangement was made for administrative convenience. However, British officials were paid higher salaries than the indigenous warrant chiefs and were available in very limited numbers. Moreover, the colonial powers also played off existing ethnic and political groupings to keep Nigerians from developing organised political resistance to colonial rule (Kew and Lewis 2010).

The Hausa-Fulani ethnic groups were ruled through the Emir and his cabinet who included (Abdullahi) Dan Fodio, Waziri who was the Emir's administrative adviser, Sarkin Fada - the head of the palace officials, and Sarkin Ruwa who was in charge of fishing in the rivers (*Okemezie 2011*).

The political boundaries of modern Nigeria assumed a shape in January 1914, as Lord Lugard, the then Governor General announced the establishment of a single colony, the protectorate of Nigeria, by the unification of Lagos colony and the Southern Protectorate with the Northern Protectorate (Clark 1978; Obaro 1980). Through indirect rule, Lord Lugard had controlled the affairs of the protectorates by appointing traditional chiefs who oversaw the affairs of areas under their coverage and in turn these chiefs were accountable to Lugard, in his capacity as Governor General (Clark 1978; Obaro 1980). However, within this indirect rule arrangement, these colonial elites were often side-lined for fear that they would challenge the colonial powers (Clark 1978; Obaro 1980).

Political administration in Nigeria tended to follow arrangements set by the British Government. Nigeria saw 18 administrative transitions since the amalgamation in 1914 (Clark 1978; Obaro 1980). Four of the transitions took place during the colonial era, while 14 occurred after independence in 1960 to date (Clark 1978; Abdulsalami 2013; BBC News 2015).

The Constitutional Council set up by Lord Lugard in 1914 after amalgamation of Lagos and Southern Protectorate was made of 36 members (Clark 1978; Obaro 1980). Although the council acted as an advisory body and its resolutions had no legal authority to back it, the establishment of the council was a turning point in the political history of Nigeria. It was the first step in bringing Nigerians from different ethnic groups together to discuss their common interests as a nation (Eluwa, Ukagwu, Nwachukwu and Nwaubani 1988; Abdulsalami 2013).

In 1922, Sir Hugh Clifford took over power from Lord Lugard and unified the Legislative Council of Lagos Colony with the Nigerian Constitutional Council, and the membership of the council was increased to 46 (Abdulsalami 2013). However, this was a premature step, given that Northern Nigeria was still not represented in the Legislative Council (Abdulsalami 2013). The constitution established in 1914 introduced elective guidelines which provided that four members of the council would be elected (three from Lagos Colony in the west and one from Calabar, of the Southern Protectorate) (Eluwa, Ukagwu, Nwachukwu and Nwaubani 1988; Abdulsalami 2013). These members of the Legislative Council possessed the power to propose and pass any bill except for bills on finance, which were exclusively reserved for the office of the Governor-General. Nonetheless, the Governor-General had a veto power that allowed him to disapprove any law passed by the Legislative Council (Eluwa, et.al 1988; Abdulsalami 2013).

Clifford handed over power to Richard in 1946, and Richard's Constitution was prepared against the background of the Second World War and rising nationalist sentiment in Nigeria (Eluwa, et. al 1988). The constitution, which came into force in January 1947, provided for the inclusion of Northern Nigeria in the Central Legislative Council. The representation of the North in the Central Legislative Council was the first effort to establish a single Legislative Council to bind entire ethnic groups in Nigeria together (Price 1970). It retained the elective principle of the 1922 constitution, but the requirement for the exercise of their franchise was limited (Price 1970). A unique feature of this constitution was the establishment of three regional councils - North, West and East (Eluwa, et. al 1988). These regional

councils later became the basis for electing representatives to the Central Legislative Council (Price1970).

The Richard Constitution received wide range criticism from different nationalist leaders on the ground. It has been well argued that it was imposed on the country without taking into account the views of the local people (Asiegbu 1984). Prominent among the critics and their movements were Nnamdi Azikiwe, an Igbo man from Eastern Nigeria (N.C.N.C – National Council of Nigerian Citizens), Abubaka Tafawa Balewa from the Northern extraction (N.P.C – Northern People’s Congress), and Obafemi Awolowo from Western region (A.G. – Action Group) (Ishichei 1983). Following these criticisms, the colonial government considered another draft of the constitution in 1948 (McPherson Constitution, 1951) which was circulated at district, provincial and regional levels to gather public opinion (Price 1970).

The draft received a number of recommendations and many of them were included in the final version of the new constitution which was implemented in 1951 (Price 1970). The most important feature of this constitution was the introduction of a federal system (Asiegbu 1984). This divided constitutional powers between central and regional legislatures (Falola et. al 2008). Nevertheless, in case of any conflict, the laws formulated by the central legislature had supremacy over laws made by regional legislatures (Price 1970; Abdulsalami 2013). The Governor was also empowered, in an executive capacity, to intervene to prevent or recommend modification of any regional bill considered to be in conflict with matters of national interest (Abdulsalami 2013). Every Nigerian citizen, including women, has the power to vote and be voted for according to Nigerian constitution (Olojede,1999). However,

the representation of women in both voting and as electorates is generally very poor. The reason for the poor representation is discussed in more detail in chapter 3, section 3.7.

Shortly following the implementation of the McPherson Constitution, it faced a series of challenges because of several conflicting provisions, intra-party crises and mutual mistrust among various ethnic groups in Nigeria (Agulu 1981). Moreover, taxes imposed on Igbo women market traders by Frederick Lugard's regime were strengthened (Basden 1966). In a bid to resolve these conflicting interests, a series of Constitutional conferences were held (Price 1970; Abdulsalami 2013). Consequently, another constitution was disseminated in 1954, known as the Lyttleton Constitution, 1954 (Price 1970; Abdulsalami 2013). The key features that emerged from these constitutional negotiations are summarised below.

The Federal Supreme Court was established at the federal level, and separate High Courts were created for Lagos, Northern Region and Southern Nigeria (Price 1970; Abdulsalami 2013). Moreover, the post of Governor General was created at the Federal level as head of the Executive Council, and at the regional level Governors were designated as the executive heads (Price 1970; Abdulsalami 2013). Another important development was that the constitution provided for a unicameral Legislature for the Federal House of Representative; except in the Northern Region, where the offices of the speaker and the deputy speaker were created to supervise the regional legislatures. In addition, the constitution made provisions for division of powers between the federal and the regional governments, for example the regional officers have some degree of autonomy to take decisions and execute projects

without having to consulting the Federal Government. Finally, the Lagos Colony got the status of Federal Territory, as the designated Federal Capital, and it was attached to the Western Region (Abdulsalami 2013).

Despite these post war changes, the different ethnic groups remained unhappy with the way their welfare continued to be neglected by the traditional chiefs who were in turn manipulated by their colonial masters through indirect rule (Adesina 2006). Motivated by the plight of the masses, the more enlightened southern elites led by Dr Nnamdi Azikiwe (an Igbo man), started agitating for independence from British rule in 1948 (Adesina 2006). Militant agitation for Nigerian nationalism effectively ended on October 1, 1960, with the independence of the country (Adesina 2006). From then, Nigeria started a new era in its socio-political history. The agitation created a lot of awareness of human rights abuse, social inclusiveness and gender equality. Although peaceful, the campaign gained wide publicity as the leader, Nnamdi Azikiwe, made the best of his expertise as an American trained journalist (Achebe 1959).

4.2 Post-colonial rule and the first republic

The post-colonial era leadership of Nigeria was severely challenged by the structural instability of political and social institutions and relationships inherited from their colonial past (Falola and Heaton 2008). Nigeria received her independence from the British Government on 1 October 1960 with her first republic lasting only from 1963 to 1966 (Falola 1999; Falola and Heaton 2008). Immediately after independence, the country had drafted a new constitution which was particularly shaped by the

constitutional conferences of 1957 and 1958 (Babalola 2013). The new constitution established a Federal government with a two-chamber parliamentary system of government (Babalola 2013). Nevertheless, in 1963, the Nigerian Federal House of Representatives amended the constitution and declared Nigeria a republic (Mercy 2012).

The amended constitution, unlike the previous constitution, provided for the protection of the rights of the citizens of the country particularly those belonging to cultural, civil, religious and ethnic minority groups (Abdusalami 2013). In addition, there was more adequate arrangement for regional representation in all spheres of government and civil service sectors (Abdulsalami 2013). Nevertheless, after independence, the Northern region dominated the federal government as their political party, the Northern People's Congress (NPC), achieved an overwhelming majority in the legislature (Elaigwu and Akindele 2001). At this moment, the northern people in the executive and legislative arms of the government formulated policies and passed bills that favoured absolute resource control by the Northern Protectorate as a greater part of the federal budget was being spent in the North (Elaigwu and Akindele 2001). This decision was based on their claim that they suffered marginalisation during colonial rule and they were seeking to redistribute resources to resolve that inequity (Elaigwu and Akindele 2001).

The Southern Protectorate, especially the Yoruba-led Action Group (AG) party and the Igbo-dominated National Council of Nigerian Citizens (NCNC) party reacted confrontationally to this uneven national resource distribution among the ethnic groups by the Federal Government (Osaghae 2005). As the tension increased with

time, the most senior government office holders, President Nnamdi Azikiwe (NCNC), and Prime Minister Tafawa Balewa (NPC), separately approached the military to seek its support for themselves, as a proactive measure, both claiming they wanted to ensure the safety of the citizenry due to the possibility of impending conflict escalation (Osaghae 2005). Tafawa Balewa, then the first prime minister of an independent Nigeria, was an outspoken leader, and he was perceived to pursue the interests of the northern people only (Osaghae 2005). These tribalistic sentiments triggered off a series of coups and counter-coups that subsequently wrecked Nigerian society and the economy in a bitter civil war (Akindele 2010). The post-colonial leaders and the chains of events that brought them in are summarised below.

The first military coup in Nigeria took place on 15 January 1966 when a group of largely Igbo military officers executed a coup and Major General Aguiyi Ironsi (an Igbo man) became the head of state and formed the first military regime, which lasted from 1966 to 1979 (Falola 1999). This bloody coup cost the lives of prominent Nigerians including the Prime Minister, Tafawa-Balewa and the Premier of the Western and Northern Regions, Chief Samuel Akintola and, Sir Ahmadu Bello (Falola and Heaton 2008). The then President of Nigeria, Dr Nnamdi Azikiwe, only escaped assassination because he was out of the country on an official assignment. Following the successful coup, the constitution of the country was replaced with a military dictatorship (Falola and Heaton 2008). But six months later, on 29 July 1966, there was a successful counter-coup led by northern military officers that cost the lives of Aguiyi Ironsi and his cadre of officers (Jorre 1972).

Subsequently, Lt. Col. Yakubu Gowon, a Christian northerner, was installed as Commander-in-Chief of the Armed Forces on 1 August 1966 (Jorre 1972). This appointment was opposed by the military Governor of the Eastern Region, Lt. Col. Odumegwu Ojukwu, who was displeased with the new military rule. Ojukwu argued that it was unfair to sideline senior military officers as potential candidates in replacing the assassinated head of state with a junior officer, Lt. Col. Yakubu Gowon (Jorre 1972). In reacting to the development, Odumegwu Ojukwu convened a consultative meeting on 26 May 1967 and sought to declare the Eastern region a sovereign state, the Republic of Biafra (Akindele 2010). The declaration triggered a conflict which escalated into a civil war, particularly driven by ethnic divisions, which continued until January 15, 1970 (Akindele 2010). The war claimed the lives of over a million Nigerians, especially in the Eastern region. On July 29, 1975, General Murtala Mohammed, a northerner, took over the mantle of the military leadership and started a plan to hand over to a democratically elected head of state (Akindele 2010). However, that plan was aborted when he was assassinated and General Olusegun Obasanjo, a westerner, succeeded him (Falola and Heaton 2008). General Obasanjo continued the transition process until 30 September 1979 when the process was completed (Falola and Heaton 2008).

On 1 October 1979, Obasanjo handed over to Alhaji Shehu Shagari, -a northerner, as a civilian head of state of the Second Republic. From the beginning of the second republic in Nigeria, a due process of consultation and representation was followed to ensure adequate representation and participation of all ethnic groups in the drafting of the new constitution of the nation (Kew and Lewis 2010). However, Shagari's government could not manage the distrust that existed in the various parts of the

federation; neither could he handle the challenges of corruption which were rampant in his regime. This was evident in the massive fraud, violence and rigging of election results of 1983 in a bid by Shagari to retain his seat for a second tenure of office as head of state (Kew and Lewis 2010). On 1 January 1984, military officers led by Major General Muhammadu Buhari, a northerner, overthrew the civilian government and took over power (Kew and Lewis 2010).

On 1 January 1984, the military officers led by Major General Muhammadu Buhari, a northerner, overthrew the civilian government, took over power and initiated a second period of military rule (Kew and Lewis 2010). Buhari overthrew the civilian government with the promises of liberating the nation from corrupt leadership and gross indiscipline (Falola and Ihonvbere 1985). However, the autocratic nature of the Buhari's regime and the deteriorating economic crisis made him unpopular, and General Ibrahim Babangida, a northerner, took over the military leadership on 22 August 1985 through a successful coup plot. Babangida promptly initiated a plan in 1986 to return the government to a democratic rule (Kew and Lewis 2010).

Consequently, a National Electoral Committee (NEC) was inaugurated for the effective implementation of the plan (Kew and Lewis 2010). Elections were conducted for various democratic institutions (Kew and Lewis 2010). However, in the presidential election held in June 1993, Moshood Kashimawo Olawale (M.K.O.) Abiola, a Yoruba businessman, emerged victorious and General Babangida refused to hand over political power to him on the pretext of legal controversies (Kew and Lewis 2010). These circumstances created a general feeling of indifference towards the political system, especially among the people of the South-West (Kew and Lewis

2010). Nevertheless, severe criticism from the masses who felt that things were not going right forced him to hand over power to a civilian Interim National Government in Nigeria headed by Ernest Shonekan, a northerner (Falola and Heaton 2008). But the new government lacked actual political power and constitutional legitimacy to operate. As a result of these deficiencies, the Federal High Court of Nigeria declared this government illegal in November 1993 and this marked the end of the third republic in less than a year (Falola and Heaton 2008).

Immediately after the court ruling, General Abacha, a northerner, took over power in a bloodless military coup on 17 November 1993 with the claim of preserving national unity (Falola 1999). He perpetuated the now established tradition of military hegemony, combining tyranny with frequent political promises to restore constitutional democracy (Falola 1999). He cracked down on political opposition, severely constricted civil liberties and political rights, and perpetrated corruption on a large scale (Abdusalami 2013). The Commonwealth and the European Union imposed sanctions on his regime (Abdulsalami 2013). However, his death in June 1998 put an end to the most authoritarian rule in the country's history. General Abdusalam Abubakar, another northerner, succeeded General Abacha after his death. He speedily established a new transition programme and promptly handed power to an elected civilian government in May 1999 (Kew and Lewis 2010).

Nigeria entered into a new phase of history with establishment of the Fourth Republic on 29 May 1999, when democratic rule began with the swearing-in of President Olusegun Obasanjo, a Yoruba man and a former military head of state (Ashby 2007; Ayoade and Akinsanya 2011). The constitution of the fourth republic

was an outcome of a transition process led by the military government to restore civilian rule (Ayoade and Akinsanya 2011). The constitution retained a federal system with three levels of government: federal, state and local (Ayoade and Akinsanya 2011). Furthermore, it addressed various political issues such as gender, tribal sentiments, inequitable resource allocation, that have divided the ethnic groups in the country (Ayoade and Akinsanya 2011).

The emergence of a fourth republic in Nigeria in May 1999 ended 16 years of consecutive military dictatorship (Akindele 2010). Olusegun Obasanjo inherited a country suffering economic stagnation and the deterioration of most democratic institutions (Akindele 2010). Obasanjo, a former military general, was admired for his stand against the extremism of Abacha as a dictator, his record of returning the federal government to civilian rule in 1979, and his conscious efforts to represent all Nigerians regardless of religion (Abdulsalami 2013).

His civilian government took over a country that faced many problems, including a dysfunctional bureaucracy, collapsed infrastructure, and a military that wanted a reward for returning quietly to the barracks (Abdulsalami 2013). As a proactive measure to prevent further military coup plots, he promptly retired hundreds of military officers holding political positions, set up a panel of inquiry to investigate human rights violations, released many prisoners who were detained without charges, and withdrew numerous questionable licenses and contracts left by the previous regimes (Abdulsalami 2013). In addition, the government attempted to recover millions of dollars illegally transferred to overseas accounts (Falola 2008).

In the 2007 general election, Umaru Yar'Adua, a northerner, and Goodluck Jonathan, a southerner from the Niger Delta region, were elected President and Vice President of Nigeria respectively. The election was marred by electoral fraud, as claimed by other candidates and international observers (Ashby 2007; Ayoade and Akinsanya 2011).

The Yar'Adua administration was fraught with uncertainty as media reports said he suffered from kidney and heart disease (BBC News 2010). In November 2009, he fell ill and was flown out of the country to Saudi Arabia for medical attention where he remained in a coma for 50 days (Ayoade and Akinsanya 2011). The necessity of seeking treatment abroad drew media attention to the poor state of health care provision for the mass of the population. Rumours were widespread that he had died (Ayoade and Akinsanya 2011). This continued until the BBC aired an interview that was allegedly done via telephone from the president's sick bed in Saudi Arabia (BBC News 2010). As of January 2010, he was still abroad (BBC News 2010). In February 2010, the vice president - Goodluck Jonathan started serving as the acting President in the absence of Yar'Adua, and in May 2010, the Nigerian government learned of Yar'Adua's death after a long battle with an undisclosed illness (BBC News 2010).

Yar'Adua's Hausa-Fulani background paved the way for his political base in the northern regions of Nigeria, while Goodluck did not have the same ethnic and religious affiliations. This situation made his interim government very difficult as he lacked the support of the northern ethnic groups who had never wanted to be ruled

by any other tribe but rather they preferred to dominate other ethnic groups. (BBC News 2011; Ayoade and Akinsanya 2011). In April 2011, Goodluck Jonathan called for new elections and stood for re-election, which he won (BBC News 2011; Ayoade and Akinsanya 2011). However, his re-election plan in 2015 was thwarted with the emergence of a former military head of state, General Muhammadu Buhari. The ex-military head of state was declared the winner of the 2015 presidential elections, and he took over the affairs of the nation as a civilian head of state in May 2015 (BBC News 2015). Although the election was criticised for gross malpractice by Buhari, Goodluck Jonathan handed over peacefully to the purported winner to give peace a chance (BBC News 2015).

In conclusion, it can be viewed as a success story that the fourth republic has been in force for over fifteen years now, and the military have remained in their barracks. There have been five general elections with four presidents since the inception of the fourth republic. Voter turnout in these elections has been impressive and the changes of government have been relatively smooth (*International Institute for Democracy and Electoral Assistance (IIDEA) 2015.*). Thus, it could be concluded that the experiences of the fourth republic indicate that Nigeria's progress has been relatively advanced on the path to democracy.

4.3 Comparative analysis of colonial and post-colonial rule

Several ethnic groups with unique traditional political arrangements existed in Nigeria before colonisation by the British Government (Coleman 1958; Adesina 2002; Abdulsalami 2013). Prominent among the ethnic groups were the Yoruba, the Igbo and the Hausa–Fulani communities (Abdulsalami 2013). Each of the tribes had an independent cultural traditional government but was satisfied with their ways of life (Bamgbose 1995). They shared little common ground until the amalgamation of all the ethnic groups in 1914 to form the entity called Nigeria (Clark 1978; Obaro 1980). However, unification has been compared to being like a marriage of incompatible couples, as the ethnic groups carried over the differences in their culture and political ideologies into the relationship (Abdulsalami 2013). This unity in diversity was a threat to the cooperative existence of the ethnic groups who struggled for recognition, and to the colonist who wanted to retain supremacy at all costs (Clark 1978; Obaro 1980).

The indirect rule introduced by Lord Lugard as a strategy for dominance did not help the peaceful co-existence of the ethnic groups (Eluwa et. al 1988; Abdulsalami 2013). This is because Lugard played off the existing ethnic and political groupings to keep Nigerians from developing organised political resistance to colonial rule (Kew and Lewis 2010). Moreover, the elites were alienated by being side-lined for fear that they would challenge the colonial powers (Clark 1978; Obaro 1980). The two actions gave birth to the feared resistance, the struggle for independence which was initiated by the elites in 1948 (Clark 1978; Obaro 1980).

From the socio-political perspective of Nigeria's history, it appears that the political history of the country followed consequences set in motion by the colonial

administration put in place by of the British Government. Nigeria has had 18 transitions from the time of the amalgamation in 1914 to the last transition in 2015 (Clark 1978; Obaro 1980; BBC 2015). Four of the transitions took place during the colonial era, while 14 occurred after independence from 1960 to 2015 (Clark 1978; Obaro 1980; Abdulsalami 2013; BBC News 2015). Moreover, during both the colonial and the post-colonial periods selfish resource control by the political leadership, criticisms from neglected subjects and later citizens, and continuous struggle and agitation for change or independence were constant features (Abdulsalami 2013).

The Berlin conference of 1884 to 1885 (Clark 1978; Obaro 1980) was motivated by European states competing for power and resource control in Africa; while the bloody Nigerian civil war of 1967 to 1970 was a result of the struggle for resource control by the dominant ethnic groups (Abdulsalami 2013). However, while the colonial masters sought to settle conflicting interests through serious and peaceful consultative meetings (Clark 1978; Obaro 1980), Nigerian political leaders and various ethnic groups in Nigeria used more aggressive tactics in protecting their interests (Abdulsalami 2013).

During the first half of the 19th century, Britain developed a great interest in West African colonisation. Many writers have divergent opinions about the intended effects of British control in West Africa (Abdulsalami 2013). However, the most prominent among the various views include business exploration, the quest to develop Africa, and the global expansion of their Christian missionary work (Abdulsalami 2013). Others have argued that while the British Government was only interested in

exploiting business opportunities, the missionary movement was more interested in evangelising Africa through education and the imposition of western standards (Abdulsalami 2013). In support of the latter argument, Anyanwu (2006) stated that British missionaries, who themselves were often relatively poorly educated, heavily influenced the Nigerian educational system. In addition, Etim (1976) argues that the missionaries copied the British education system without considering the socio-political context of Nigeria. While the United Kingdom is relatively stable in her political and economic systems, Nigerian politics and economic systems are still struggling with corruption, instability and gender inequality (Adesulu, Mosadomi, Olatunji, and Una, 2016; United Nations 2009).

4.4 Historic challenges in Nigeria

Differences in socio-political ideology:

Like many other African countries, one of the fundamental features of Nigerian politics has been tribalism, which has resulted in the emergence of ethnocentric political parties (Falola 1999). The roots of such social cleavages lie in the colonial history of the nation (Falola and Heaton 2008). This regionalisation paved the way for three political parties with strong ethnic cleavages (Abdulsalami 2013). Although there were more than twenty political parties registered in the first republic (1960-66), only three were at the forefront in later attempts to install democratic institutions, namely the Northern People's Congress (NPC), the Action Group (AG), and the National Council of Nigerian Citizens (NCNC) (Abdulsalami 2013; Falola and Heaton 2008).

The intense rivalries that existed among the three led to the failure of democratic rule (Abdulsalami 2013). The NPC, AG and NCNC were supported by the Hausa-Fulani tribes (north), Yoruba tribes (west), and the Igbo tribes (south) respectively. The second, third, and fourth republics were a mere repetition of the ethnocentric experiments as the leading political parties relied on the same ethnic and sectional support, largely with the same leadership (Akindele 2010).

In 1996, the country was divided into six geopolitical zones – North-east, North-west, North-central, South-west, South-east, and South-south (Osaghae and Suberu, 2005). The new zoning system, to a great extent, strengthened the old regional cleavages (Osaghae and Suberu, 2005). The South-west, South-east, and the South-south are synonymous with the Yoruba states of the old Western region, the Igbo states of the old Eastern region, and the old southern minority states respectively (Osaghae and Suberu, 2005). According to (Osaghae and Suberu, 2005), the North-east is the old eastern part of the North; the North-west covers the so-called 'core-North', and the North central encompasses the old Middle Belt. In fact, the leaders of these zones have adopted party names to reflect the old regional inclinations (Osaghae and Suberu, 2005). Examples are the Arewa Consultative Forum, the Oduduwe Consultative Forum, and the Indigenous People of Biafra (Akindele 2010). These are the old regional interest groups representing the northern, the western, and the eastern and southern Nigeria respectively (Osaghae and Suberu, 2005).

Religious Quarrels: Nigeria is a multi-religious nation with many religious belief systems (Uzukwu and Elochukwu 1997; Nyang and Olupona1995). On the basis of religion, Uzukwu and Elochukwu (1997) grouped Nigerian belief systems into three – Christian, Muslim and Traditional. Of the three, traditional religion is the least politically active; Christianity and Islamism have been the mainstay of religious differences and conflicts in Nigeria (Osagha and Suberu 2005). The Westerners, the easterners and the southerners are predominantly Christians, while the northerners are mainly Muslims (Uzukwu and Elochukwu 1997). Whereas the Christians believe in democracy and embrace western education; the Muslims are inclined to autocracy; they believe that western education would rob them of their hegemony and strict control over women (Onwuejeogwu 1981; Uzukwu and Elochukwu 1997).

Each religion tries to impose its belief system on the entire nation when one of its members emerges as a political leader (Nyang and Olupona1995; Osagha and Suberu 2005). This religious ideology that is closely linked to the political system of Nigeria gave birth to the unending agitation for independence by the Indigenous People of Biafra from the eastern and southern districts (Abdulsalami 2013; Falola and Heaton 2008). The Oduduwe people from the west have also agitated for independence, but they have not been as outspoken as the Biafra people (Abdulsalami 2013; Falola and Heaton 2008). Muslims hostile to Western cultural influences have tried to retain dominance by sponsoring Islamic extremists (the Boko Haram sect), this has led to large-scale destruction of lives and property in the country. This political and civil unrest have had strong negative influences on the development of the education system of Nigeria as will be discussed later in this chapter (Abdulsalami 2013; Falola and Heaton 2008).

The role of the military:

The military in any country is expected to play a major role in defending its territories and undertaking activities at the direction of democratically elected political leaders. Nevertheless, in many of the former third world countries, their involvement in the political activities and often taking-over civilian rule has been a cause of concern. Unfortunately, Nigeria has been a severe victim of this phenomenon and has experienced decades under long periods of military rule. From the time of independence (1960), Nigeria has experienced three systems of government - parliamentary, military and presidential (Ojo, Aworawo and Ifedayo 2014).

The economic system is a mixture of capitalism and socialism where both the government and private sectors control national resources (Ojo, Aworawo and Ifedayo 2014). Nigeria became a federal republic shortly after independence, however, the intervention of the military was necessitated by the failure of the parliamentary and presidential leaders (Ojo, Aworawo and Ifedayo 2014). Nonetheless, the military intervention did not help matters as the economic status of the country keeps worsening. This is because the military officers soon get involved in the social vices and corrupt practices against which they claim to establish characteristic dictatorship (Amundsen, 2010).

The selfish ambitions of some military men to enrich themselves are the root cause of their constant agitation for coups and counter-coups (Amundsen, 2010). Moreover, that accounts for why most of the military men resign from military position to contest as civilian presidents (Amundsen, 2010). Even when they eventually

emerge as civilian presidents, they still carry over their military attributes of dictatorship to the civilian rule (Amundsen, 2010). This situation complicates the challenges of ethnicity and religious cleavages in the country (Amundsen, 2010).

The impact of the historical perspective of Nigeria on the nursing education system:

Although the foundation of Nigerian education system can always be traced to the United Kingdom, Anyanwu (2006) claims that it is not the British elites that laid its foundations but the Christian missionaries. This is more evident in the nursing profession which, according to Brian (1960), represents a special call from God to render voluntary service to humanity. This understanding influenced the quality of nursing education in Nigeria so that it was difficult to transfer nursing education from schools of nursing to the university (Udontre 2011). The situation is so bad that from the researcher's observation, the administrators of most schools of nursing in Nigeria are religious figures, typically ministers and nuns who little or no knowledge of the nursing profession and standards of practice.

These administrators of the mission schools of nursing have vehemently opposed moving or affiliating the nursing schools to the university (Ojo 2010; Okezie (2012). Moreover, they employ tutorial nursing staff with few qualifications who are unlikely to challenge their decisions, and who are willing to accept low wages. Faced with the proliferation of the schools of nursing, with their conservative approach to professional development, postgraduate nursing education is in trouble (Ayandiran et.al. 2013).

The religious attachment to nursing education in Nigeria is complicated by the ethnic inclination to the two major religions and their belief systems. As explained earlier, westerners, the easterners and the southerners are predominantly Christians, while northerners are mainly Muslims (Uzokwu and Elochukwu 1997). Whereas Christians are more likely to support democracy and embrace western education; many Muslims are inclined to support autocracy; they are of the opinion that western education would deprive them of their hegemony and strict control over women (Onwuejeogwu 1981; Uzokwu and Elochukwu 1997). Complex linkages also explain why northern Nigeria is less developed educationally when compared to other parts of the country. Unfortunately, they dominate the leadership of Nigeria because of their inherent belief in absolute power and their dominance over the military (Abdulsalami 2013). In addition, the complicated linkages open the way to the bane of postgraduate nursing education - corruption, political instability, inter-tribal conflicts, and gender inequality (Adesulu, Mosadomi, Olatunji, and Una, 2016; United Nations 2009).

4.5 Conclusion

The British came to Lagos in 1851 and formally took possession of it in 1861 (Coleman 1958; Adesina 2002). However, the whole country became a British protectorate in 1901 (Adesina 2002; Abdulsalami 2013). Colonial rule lasted until 1960 when independence was finally achieved for the nation (Adesina 2002). Nevertheless, three years after Nigeria first became a republic in 1963, the military rule was established after a bloody coup. A separatist movement later formed the

Republic of Biafra in 1967, leading to the three-year Nigerian Civil War (Abdulsalami 2013).

The socio-political history of Nigeria followed the pattern set by the British Government (Abdulsalami 2013). It has had 18 transitions since the amalgamation in 1914 (Clark 1978; Obaro 1980). Four of those transitions took place during the colonial era, while 14 occurred after independence in 1960 to date (Clark 1978; Obaro 1980; Abdulsalami 2013; BBC News 2015). The main socio-political challenges facing Nigeria include inter-ethnic conflict, religious conflict and corruption (Abdulsalami 2013). Although the last presidential election of 2015 was criticised for gross malpractice carried out by the present government (Abdulsalami 2013), the fact that there was a peaceful transition is a success story (*IIDEA* 2015; BBC News 2015).

5. RESEARCH METHODS

Introduction

This chapter focusses on the research methods; these will be discussed under design, the area of study, study population, sampling technique and sample size. Also discussed are participant recruitment, instruments for data collection, method of data collection, the issue of rigour, research governance, ethical issues, and method of data analysis. The chapter further highlights the time and budget plan, limitations of the study and a reflexive account of the researcher's influence on the proposed study.



Figure 5.1 summary of the research method

5.1 Study design

An inductive qualitative methodology was employed, utilising focused interviewing. Focussed interviewing (semi-structured interview) is a technique used to collect qualitative data that allows a respondent the time and scope to discuss their opinions on a particular subject (Denzin and Lincoln 2005). The focus of the interview is determined by the researcher who has an area in mind he may be interested in exploring (Denzin and Lincoln 2005; Gerrish and Lacey 2010); in this study, the researcher is interested in the experiences of postgraduate nursing students in Nigeria in the course of their postgraduate nursing education. Although there is a central focus for focussed interviewing, the wording of these interview questions was not necessarily the same for all the respondents as the questions may be prepared or occur naturally in the course of the interview (Denzin and Lincoln 2005). Details of the methodology design and justifications are contained in the data collection approach in section 5.6 of this chapter.

5.2 Area of study

The study took place in three universities in Nigeria, namely the University of Nigeria, Nsukka, Enugu State), the University of Ibadan (Oyo State) and Obafemi Awolowo University, Ile-Ife (Osun State). These are the three main universities that provide postgraduate nursing education in Nigeria. The geographical positions of the universities used for the study is explained below with reference to the map (figure 5.2) showing the geo-political zones of Nigeria and their constituent states. The social and political forces that shaped the presence of postgraduate nursing in these

zones and states were discussed in detail in the preceding chapters. The following section addresses the particular histories of each of these universities.



Figure 5. 2: Map of Nigeria showing the six geopolitical zones and their states

Source: Newsreel, 2013. Stop Igbo Bashing in Lagos:

<http://nigeriamasterweb.com/Masterweb/newsreel-august-23-2013-stop-igbo-bashing-lagos-rejoinder>.



Figure 5.3 the University of Nigeria, Nsukka

The University of Nigeria Nsukka is a federal university founded by the first president of the Federal Republic of Nigeria, Dr Nnamdi Azikiwe, in 1955 (Azikiwe, 1955); its motto is “To restore the dignity of man.” It was officially opened on the 7th day of October 1960 at Nsukka in Enugu State in the South Eastern zone of Nigeria with Dr George Mario John as its first Vice-Chancellor (1960 - 1964). He was succeeded by Professor Glen L. Taggart (1964 - 1966). The first Nigerian Vice-Chancellor was Professor Eni Njoku (1966 - 1970). The University of Nigeria, Nsukka was the first full-fledged indigenous and the first autonomous university in Nigeria. It has four campuses: Nsukka (UNN); Enugu Campus (UNEC); the University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla; and Aba Campus (UNAC).

The University of Nigeria, Nsukka Campus is 80 kilometres north of Enugu State and occupies 871 hectares of land. Enugu Campus is located in the capital territory of Enugu State and occupies 200 hectares of land. The University Teaching Hospital Ituku-Ozalla is 25 kilometres south of Enugu State and occupies 500 hectares of land. The university consists of 15 faculties, 102 academic departments, offers 82 undergraduate programmes and 211 postgraduate programmes (The University of Nigeria, 2011). Enugu is a modern city in Eastern Nigeria and can be accessed by air, road, and rail.

The first step in the establishment of the university was inviting both the United States of America and the United Kingdom to help in the planning of the physical and educational structures of the proposed university by the Nigerian Government. The International Council of Higher Education of the United Kingdom, and the Overseas International Co-operation Administration (currently known as the United States Agency for International Development) jointly sent delegates to Nigeria for the assignment in the year 1958. The delegates were the Vice-Chancellor of the University of Exeter, J. W. Cook, the President of Michigan State University, Dr John A. Hannah, and the Dean of International Programmes at the same university, Dr Glen L. Taggart.

After an extensive survey by the team, they recommended the approval of the proposed plan and the inauguration of a six-man committee comprising three Nigerians, two Americans and one Briton to finalise the plan of the physical and educational structure of the programme. The committee was inaugurated and empowered by the Eastern Nigeria Government under the leadership of Dr Nnamdi

Azikiwe in 1959 to accomplish the task of building a standard university. The university was formally commissioned on the 7th October 1960 by Her Royal Highness, Princess Alexandra of Kent, who represented Her Majesty, Queen Elizabeth II at the Nigerian Independence celebration on 1st October 1960. Education at the University of Nigeria is founded on the education system of the United Kingdom and the United States of America (Damiola 2013). It should be noted that the United States of America also inherited her education system from her former colonial master, the United Kingdom.



Figure 5.4 the University of Ibadan

The University of Ibadan was the oldest university in Nigeria; her motto is “To think straight is the fount of knowledge.” It has its origin in Yaba College founded in 1932

at Yaba in Lagos as the first tertiary educational institution in Nigeria. In 1948, Yaba College was transferred to Ibadan and renamed “the University College, Ibadan” (Damilola, 2013). It operated as an affiliate of London University until 1963 when it became a full-fledged university with Kenneth Dike as its first Nigerian Vice-Chancellor. The university is in the South Western Zone of Nigeria, and it is located eight kilometres from the centre of Ibadan – the capital of Oyo State. The university has 14 faculties and 13 halls of residence. Like the University of Nigeria, the University of Ibadan has its foundation in the educational system of United Kingdom.



Figure 5.5 The Obafemi Awolowo University, Ile-Ife

The Obafemi Awolowo University is a federal university founded in 1961 by the regional government of Western Nigeria, led by Chief Samuel Lagoke Akintola and

classes began in October 1962 (NUC, 2014). The university was formerly known as “the University of Ife” until 12th May 1987 when it was renamed “Obafemi Awolowo University” in honour of the first premier of Western Region of Nigeria, who first proposed establishing the University (OAU, 2014). The university is in the ancient city of Ile-Ife in Osun State which is in the South Western region of Nigeria (NUC, 2013).

The establishment of the university was a reaction to the recommendation by the Ashby commission set up by the British government in 1959 to review the higher education needs of the soon-to-be independent Nigeria (OAU, 2014). The Ashby Commission was composed of nine academics (Pifer 1981). They included three Britons (Sir Eric Ashby, Dr John Lock, and Dr G. E. Watts); three Nigerians (Dr Onabamiro, Dr Shettima Kaashim, and Dr Kenneth Dike); and three Americans (Professor Gustavason, Dr Harold Hanna, and Dr Francis Keppel) (Pifer 1981). Their terms of reference were to survey the needs of post-secondary and higher education needs in Nigeria for the next 20 years (Nicol, 1961). The Commission was named after the Chairman, Sir Eric Ashby, although the responsibility of making decisions lay with the nine members. The Commission and its members made several visits to Britain and the United Kingdom, and met several times over four months to produce their recommendations.

The Commission recommended additional regional universities in the Northern and Eastern regions of Nigeria and a federal university at Lagos Protectorate, but none in the Western region, which was believed to be more educationally advanced, especially with her free primary education programme (Nicol 1961). In reaction to the

recommendation by Ashby Commission, the Western Regional Government of Nigeria decided to urgently pursue the establishment of another university in Ife which was just 65 kilometres away from the University of Ibadan established in 1948 (Pifer 1981). The Western Government felt that the recommendation of regional universities had a political undertone since they were neglected on the pretext of being educationally advantaged. It worthy of note that the University of Ibadan and the University of Ife (now Obafemi Awolowo University) were then in the same Oyo State; the two universities and the recommended University of Lagos are all in the Western region of Nigeria.

The Obafemi Awolowo University has 13 faculties, and two colleges, the College of postgraduate studies and College of Health Sciences that run 60 departments; altogether, the university has 82 departments. The Obafemi Awolowo University inaugurated the first Faculty of Pharmacy in West Africa. Following recommendations by the Ashby Commission, the University of Nigeria (1960 in the Eastern Region), Ahmadu Bello University (established in 1962 in the Northern Region), and the University of Lagos (established in 1962 in the Western Region) were established. Both the University of Ibadan of Ibadan (established in 1948 in the Western Region) was already in existence by then. The Obafemi Awolowo University (established in 1961 in the Western Region) was a product of regional efforts and not the Federal Government. Of the five oldest universities in Nigeria, one is in Eastern Nigeria, one in the North and three in the West.

NMCN and NUC have state offices in all the 36 states of Nigeria, and zonal offices in all the six geopolitical zonal headquarters. Enugu State is the zonal headquarters of

the South-East geopolitical zone, which is the researcher's zone and one hour's drive from Ebonyi state, the researcher's state of origin. The University of Nigeria falls under the Enugu zonal headquarters; the zonal headquarters of South West geopolitical zone is Ibadan and the University of Ibadan, and Obafemi Awolowo University are located in the Ibadan zonal headquarters. The national headquarters for these six geopolitical zones is located in the Federal Capital Territory (Abuja); all information at the N&MCN and NUC national headquarters could also be accessed from both the zonal and state headquarters through internet connectivity. It is important to note here that the choice of two universities from the same geopolitical zone (south-west geopolitical zone) is influenced by the limited number of universities (only three) that have full accreditation for postgraduate nursing education in Nigeria.

5.3 Study population and sample size

The potential participants included existing students (those who have spent more than a year and are still in the programme) and past postgraduate nursing students of these three universities. The sampling strategy also included students who withdrew from their programme. An important inclusion criterion was that the study should include present students that have spent at least a year in the postgraduate programme, and also former postgraduate students, because they are the ones that would have accumulated enough experience to share in the course of data collection.

Other participants, who were considered to be key informants, included lecturers from the three universities, staff members of the National Universities Commission of Nigeria (NUCN), and staff members of the Nursing and Midwifery Council of Nigeria (NMCN). These institutions are all important stakeholders in how post graduate nursing has developed in Nigeria.

Qualitative sample size determination has been a subject of debate among qualitative researchers. However, data saturation seems to be criterion preferred by a general consensus of qualitative researchers (Mason 2010). Guest, et al. (2006), Gerrish and Lacey(2010); Mason (2010); Crouch and McKenzie (2006) define the saturation point as where no new relevant information is forthcoming. Mason (2010), further describes saturation as a point of diminishing return in qualitative data collection. In a systematic review of 560 qualitative studies on the topic “Sample size and saturation in PhD Studies using qualitative interviews.”; and keywords “sample size, saturation and interviews”, Mason (2010), concluded that sample size for qualitative studies should be between five and 60 interviews. Based on the expert opinions, the researcher chose a sample size of 45 participants for the study in order to include sufficient representation from all stakeholders able to speak to the experiences of postgraduate students. However, the sample size during data collection was guided by the principle of saturation.

5.4 Recruitment of participants

Recruiting participants is a major challenge in many research studies involving human participants (Marshall and Rossman 2016). Recruitment involved a number

of processes, including identifying eligible participants, adequately explaining the study to the potential participants, recruiting an adequate sample based on study aims and design, and obtaining informed consent from the participants. The planning process also included maintaining ethical standards and being able to retain participants until the study was completed (Agency for Health Research and Quality (AHRQ), 2016; Marshall and Rossman, 2016). Findings from several studies suggest that recruiting participants often takes longer than anticipated; the cost of employing researchers is often higher than the estimated amount. Moreover, it is advisable that researchers overestimate the number of participants for enrollment in their studies to make up for unplanned contingency expenses (AHRQ, 2016).

The recruitment methods utilised included face-to-face contact, advertising and communicating by letter, e-mail and phone call to all the intended participants. Gaining access to interview some of these participants was not easy, the researcher was aware. Face-to-face contacts, advertising, letters, and phone calls helped prepare the intended recipients to make informed decisions about either accepting or rejecting the request (Marshall and Rossman, 2016). Former students were recruited through the snowballing technique utilising contacts with other students in their peer groups.

Snowball sampling technique begins by identifying people who meet the criteria for inclusion in the study, then asking them to recommend others they may know who also meet the criteria (Trochim, 2016). This chain referral process allowed the researcher to reach populations that are difficult to sample when using other sampling methods. Snowball sampling has been criticised because the researchers

have little control over the technique, and representativeness of sample is not assured (Denzin and Lincoln 2005; Trochim 2016). However, the researcher chose to use it because the process was cheap, simple and cost-efficient. Moreover, it allowed access to difficult-to-reach populations such as the out-of-school postgraduate students. (Trochim, 2016).

Five lecturers each were purposively recruited from the three universities. In purposive sampling, the researcher recruits a study sample with a *purpose* in mind; usually one or more specific predefined groups who meet the inclusion criteria (Denzin and Lincoln 2005). Also, five staff members were recruited from each of the National Universities Commission of Nigeria and the Nursing and Midwifery Council of Nigeria. 20 students (who were out of school either having graduated or still awaiting completion of course and graduation or who had opted out of the postgraduate nursing programme) were recruited by snowballing. These brought the total number of recruited participants to 45. These 45 participants, however, were not considered as the maximum fixed sample size. The actual sample size depended on the saturation point, that is a point where no new information was forthcoming (Gerrish and Lacey 2010; Mason 2010; Crouch and McKenzie 2006; Guest, Bunce and Johnson 2006), which in practice the researcher found to be fewer than 45 participants in the course of data collection.

5.5 Data capturing tools

The researcher collected data for the study using an interview guide as a tool (See appendix C for details). The baseline information on the past and current status and

performance of postgraduate nursing education in Nigeria was collected using Section A of the interview guide comprising fill-in-questions on baseline information (De Vaus 1991 and Grbich 2007). Section B, comprising one-to-one interview questions, was used for in-depth data collection on the subject matter (Siegel 2002). The one-to-one interview was preferred to focus group interview because it was intended to encourage individual participants' to be open and frank, promote participants' engagement and attention to questions, and give the interviewer time to observe non-verbal responses from respondents. These responses and conditions are less likely in a group interview where participants are conscious of the opinion of other participants about their responses (Sokolow 1985). Moreover, Anastas (1988); Lee (1995); Denzin and Nicolson (2005) suggest that it is the most appropriate interview method when sensitive issues are involved, where for example students might fear power relationship challenges that exist among the lecturers.

Denzin and Lincoln (2005); Gerrish and Lacey (2010) outline strengths of focussed or semi-structured interview as follows: The positive rapport between the interviewer and interviewee allows the researcher to get detailed information on the topic of interest that could be easily observed such as body language, and facial expression. Trustworthiness of the data is assured by the fact that the interaction between the interviewer and interviewee allows for probes which clarify ambiguity and can reveal hidden meanings. The interview is easy to record using audio-recorder or video-tapes.

Notwithstanding the strengths outlined above, the focused interview has been criticised for its dependence on the skills of the interviewer (being able to think of

questions that clarify emerging issues, being able to control unconscious cues that could guide the respondents to responses expected by the interviewer, and ability to re-focus respondents when they seem to digress from the topic of discussion) (Denzin 2005). The depth of qualitative data generated with a focussed interview may be difficult to analyse considering the time it would take to decide which information is relevant to the study and which is not. It is expensive in terms of time, energy and finances in comparison for example to a survey, or some form of group interview. The actual presence of the researcher, or interviewer, may make respondents wish to please him or her by telling lies; the interviewer in this situation may not have a sound way to verify such statements even when lying is suspected. Although further probes may be used, the interviewer needs also to be conscious of not making the interviewee feel like a suspect. This is particularly important in an environment where power relation issues exist among participants or between participants and interviewer.

The researcher, however, weighed the pros and cons of the focused interview and chose to use it because of its usefulness in collecting data on a particular area of interest. Its peculiar nature of allowing for probes, clarifications of ambiguity and revealing of hidden meanings are its major attractions as issues of students' experiences are complex and require such techniques to ensure robust data (Denzin 2005). The interview questions were developed from data collected from the extant literature on post graduate nurse education in Nigeria.

It is also important to note that the researcher would be observing the participants' non-verbal responses during the one-to-one interview, therefore the interviewer is

also acting as a data capturing tool, because those observable non-verbal responses (facial expressions, delayed responses, smiles, frowning) convey meanings that would form part of the researcher's reflections on interpreting the meaning of the words expressed by interviewees (Marshall and Rossman 2016, and Sokolow 1985). The researcher also used field notes to record those non-verbal expressions and other events in the field during the data collection process. The field notes are useful for reflections and reflexivity, especially during data analysis and writing-up of findings (Marshall and Rossman 2016, and Sokolow 1985).

5.6 The data collection approach

The data collection approach used in this study is a qualitative inquiry. Creswell (1998) defines qualitative research focusing on the methodological nature, the complexity of the end product and the setting of the inquiry: "Qualitative research is an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The research builds a complex, holistic picture, analyses words, reports detailed views of informants and conducts the study in a natural setting" (Creswell 1998, p. 15).

Gall, Borg, and Gall (1996); Creswell (1998) on the other hand state that qualitative research is the inquiry that is grounded in the assumption that individuals construct social reality in the form of meanings and interpretations. According to Creswell (1998), these subjective interpretations tend to be temporal and dependent on the context. Qualitative research seeks to discover these meanings and interpretations by studying cases in their natural settings and subjecting the resulting data to

analytical induction in order to come up with a conclusion (Creswell, 1998; Marshall and Rossman, 2016).

As discussed earlier in section 1.2 of this thesis, dropout rates are high and extended completion periods are commonplace amongst postgraduate nursing students in Nigeria. The major rationale for this study is to produce a report that will lead to improvements in postgraduate nursing education in Nigeria in terms of reducing the time it takes postgraduate nursing students to graduate and reducing attrition rates by retaining postgraduate nursing students to completion of their studies. With this in mind, the initial approach that came to the researcher's mind was action research, especially as the researcher is also a lecturer in Nigeria and will go back to lecturing after his studies. Action research involves doing research with and for people in the context of its application rather than undertaking a study on them; it has the inherent characteristics of encouraging organisational participation and improvement (Gerrish and Lacey 2010).

The major challenge that the researcher envisaged with action research was that participants (lecturers and policymakers) may not be willing to discuss the organisational weaknesses which action research may delve into (Reason and Bradbury 2006). Such issues as the political will of the government in power, social and cultural factors involved in recruiting lecturers and admitting a student, and the bureaucratic bottlenecks involved in effective monitoring and evaluation are sensitive issues that key staff of universities and policy-making bodies would not want to scrutinise or be seen to challenge.

A more fundamental methodological approach considered by the researcher was descriptive phenomenology since the study was exploring students' experiences with the delay in graduation periods. Phenomenology is concerned with lived experiences (Gerrish and Lacey 2010). According to Denzin and Nicolson (2005) and Creswell (1998), phenomenological studies are concerned with individuals' perceptions of their experiences of events and their interpretations of those experiences as insiders. In this study, those individuals are the postgraduate nursing students in Nigeria and the event is the delay in the completion periods of their postgraduate programmes.

Realising that the topic "Postgraduate nursing education in Nigeria: Understanding registered and graduated students' experiences in their journeys to programme completion or withdrawal" involves more than students as participants but includes lecturers and nursing education policymakers, led the researcher to consider expanding the approach. Drawing from the researcher's experiences as a former postgraduate nursing student in a Nigerian university, postgraduate nursing students' experiences in Nigeria (delay in graduation and high drop-out rate) were products of multiple factors. The factors could be attributable to students (over dependence on lecturers for academic progress), lecturers (attitude to students, poor support system and mentoring), and policymakers (overloaded programme content, inadequate infrastructure and inadequately supportive learning environment, and poor monitoring and evaluation framework). A rich collection of data on the students' experiences must involve the opinions of these key stakeholders.

With that understanding, the interview guide questions were structured towards capturing students' experiences and not lecturers' and policy-makers' experiences. The interview questions were structured in such a way that the lectures and policy makers expressed their views on students' experiences and the hidden social, political, cultural and environmental mechanisms and structures that influence the students' experiences. See appendix C for a sample of the semi-structured interview guide.

As with action research, the challenge that the researcher envisaged with purely descriptive phenomenology was that participants (lecturers and policymakers) would be less willing to discuss the organisational weakness which a phenomenological approach might open up in seeking to understand students' experiences (Reason and Bradbury 2006). To address this anticipated problem, the interview guide questions were guided by an appreciative inquiry approach – a research method structured to focus on positive organisational attributes that may facilitate change processes (Reason and Bradbury 2006). Borrowing from the appreciative inquiry principle was considered appropriate because of its unique way of eliciting sensitive information without putting the participants at risk of unlawful disclosure (Reason and Bradbury, 2006). The appreciative inquiry and its underlying principles as understood by the researcher will be explained in the next paragraphs.

Appreciative inquiry is a way of involving organisations and gathering views (Cooperrider and Witney 2000; Reason and Bradbury, 2006). It is considered to be an appropriate guide for this study because it focusses on people's positive experiences by looking at past and present strengths, successes and potential.

Moreover, it helps to focus discussion on the things that work and how to expand them into other areas (Cooperrider and Witney 2000; Reason and Bradbury, 2006). It has to do with the best in people, their organisations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives “life” to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms.

It involves, in a central way, the art and practice of asking questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential. Gallagher and Heyne (2012 pp.1 - 2) posit that the major disadvantages of using appreciative inquiry are that the positive focus may be diverted by other leaders in the organisation who have divergent opinions on the change process because of power tussles and in a bid to fault the credibility of those at the helm of affairs. However, it still seems to be the best approach given the sensitive nature of trying to access the strengths and weaknesses of organisations, in this case the postgraduate nursing education system in Nigeria.

In the process of developing appreciative inquiry, Cooperrider and his colleagues developed five core principles and assumptions for the practice of appreciative inquiry (Cooperrider and Witney 2000). The principles and assumptions include a key concept, the constructivism principle which has to do with the existence of multiple realities based on perceptions and common understanding. With respect to organisations, a constructivist stance would claim that what is known about the organisation and the actual are interwoven.

The second key facet of this concept is the principle of simultaneity which assumes that reality is changing or evolving social construction and that organisational reality can be changed by inquiry. The third theoretical feature is the principle of poetry which believes that organisational reality is a book which is written by members and those that interact with them. This means that the nature of reality depends on the various perspectives of the individual member (Cooperrider and Witney 2000).

The notion of the anticipatory is the fourth principle; this proposes that the future image of an organisation as perceived by its members determines organisational behaviours or actions in the present. Finally, the fifth is the idea of the positive approach which is derived from the experiences of appreciative inquiry practitioners (Cooperrider and Witney 2000). From these practitioners' experiences, the more positive questions they asked, the more engaged and enthusiastic the participants were, and consequently, the more successful the change process. The foundation of the appreciative inquiry processes and methods are made of eight assumptions as outlined by Hammond (1996 pp. 20 – 21); the assumptions are as discusses below in relation to educational institutions.

In every organisation, some things work well. Appreciative inquiry assumes that even the most challenged institution has practices and success stories that could be useful to the institution's future. What works for a particular institution may not work in another institution. The best approach to adopt in the face of challenge is not criticism but to think of what works and ways of improving on it. Examples of such approaches are consultations with experts in the areas of challenges and dialogue between those involved in the challenging situations.

What we focus on becomes our reality. When an institution gives its attention to some aspects of the corporate life, those aspects tend to define the whole. The “reality” of an institution is defined by whatever its members focus on (think about, talk about, work on, dream about, or plan for). Appreciative inquiry emphasises that, while we do not need to dismiss the serious challenges we face or the lessons of previous wrong turns, we need to pay special attention to our strengths. The focus has to do with imagination, conversation, efforts, and vision. As we refocus our attention, give energy and priority to positive narratives, we will, in turn, become a different institution for good.

A reality is created in a moment, and there are multiple realities. Our perception of what is real may be different from that of others. The ability of individual members to welcome each other’s perceptions of reality makes a lot of difference and enhances the smooth running of the institution towards achieving a common goal.

At the same time the effect of interviewing can influence constructions of reality. Asking questions can be assumed to potentially influence the group.

Constant research on what works, how and why it works makes a lot of difference. The research itself, which includes interviewing people, using surveys, seeking opinions, and weighing votes, changes an institution by influencing the thinking processes, conversations, and images of members. Memories, perceptions, and hopes are shaped in the midst of research questions; change, of one kind or another, begins with the very first question.

People have more confidence in the journey to the future when they carry forward parts of the past. What is not known easily creates fears; when an organisation approaches change by talking about everything that is wrong and all of the innovations that are to be adopted, members express their fears in resistance. An appreciative approach claims that confidence and trust can be built when questions are directly linked to the organisation's best and most appreciated success stories. The future would be a little less strange, and members could envision their roles in that future as active participants (Hammond 1996).

If we carry parts of the past into the future, they should be what are best from the past. Institutions embed their goals and objectives in their structures, and there is a strong tendency for the structures to continue even after they become ineffective in achieving the set goals of the institution. At the same time appreciative inquiry recognizes that being conservative or insisting on the old way of doing things in a dynamic society (whether it works or not), deters progress in any institutional setting. It is good practice to periodically review the past carried into the future in order to be able to drop what has become obsolete and bring in more productive ideas and opinions.

It is important to value differences. It is not likely that members would always agree on what is "the best." Different opinions, different approaches and different perspectives all add value to an institution's image. Appreciative inquiry tends to believe in the influence of the synergy of the institutions' best practices; there will be

a cohesive and cumulative effect as diverse strengths of individual members are brought together in conversations and imaginations.

The language we use creates our reality. We create our social environment, our institutional reality, through our words. Our reality, the world in which we see, discuss, dream, and act, is formed by the words that we and the significant others utter. These words act as mirrors to our moods, memories, perceptions, thoughts, and visions but they remain hidden until they are expressed in the institutions' discourse. If the words talk more of the institutional failures and weakness, the reality may be shaped by negativity, and if they talk more of the strengths and success of the institutions, the reality will be more inclined to positivity.

These principles and assumptions underpin the philosophy of appreciative inquiry and the way it is carried out. The diagram below is the model of the cycle of appreciative inquiry. Figure 3.5 shows the four major stages or model of appreciative inquiry as described by Watkins and Mohr (2001) which include discovery (mobilizing a whole system inquiry into the positive change core); dream (creating a clear results-oriented vision of the institution in relation to discovered potential and in relation to issue in question); design (creating possibility propositions of the ideal organization, an organization design which people feel is capable of magnifying or eclipsing the positive core and realizing the articulated new dream); and destiny (strengthening the affirmative capability of the whole system enabling it to build hope and momentum around a deep purpose and creating processes for learning and adjustment) (Barrett, 1993).

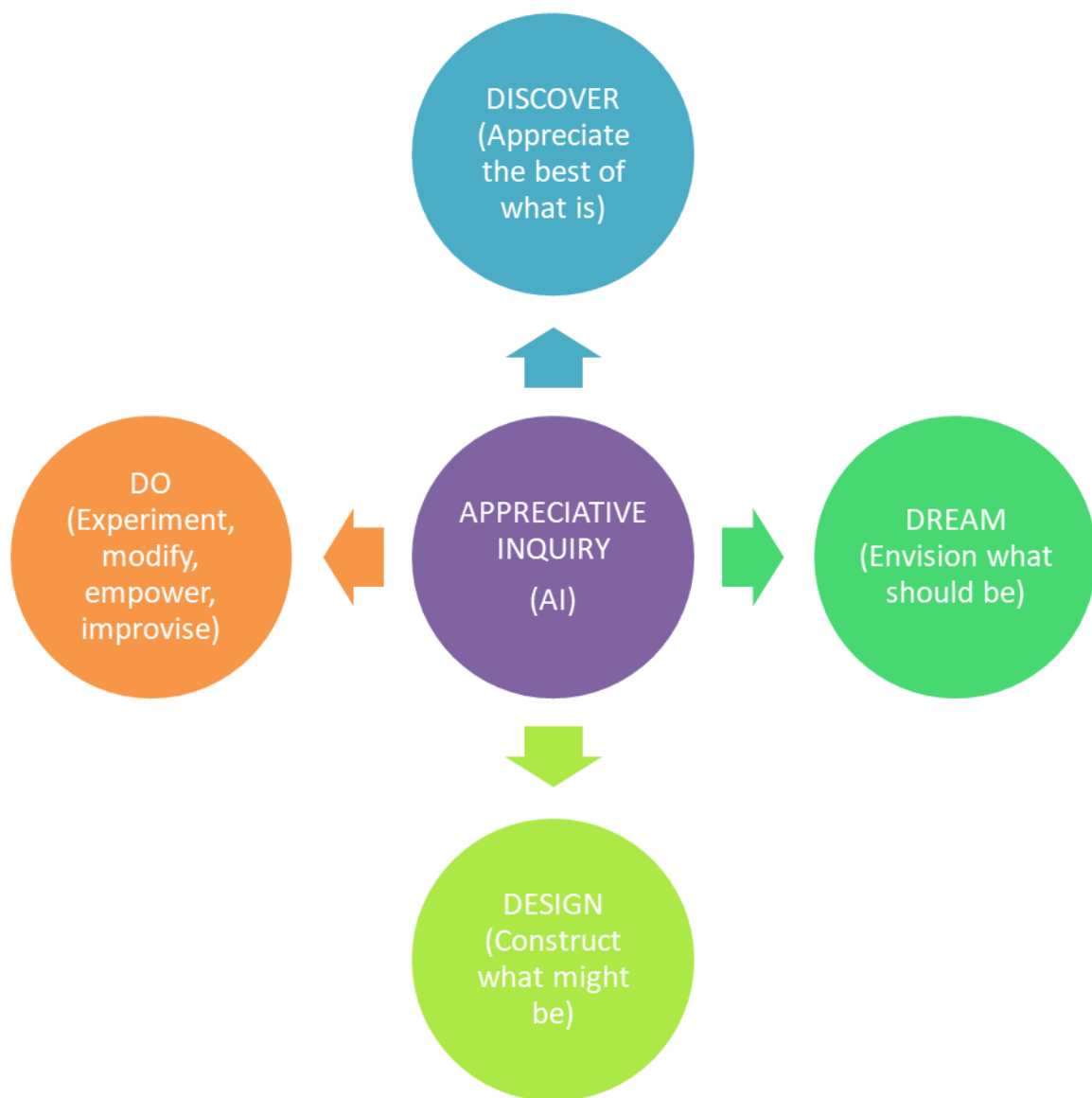


Figure 5.6 Model of appreciative inquiry cycle (Watkins and Mohr 2001).

In explaining the model, Newton and Hartley (2005) state that the discovery phase involves a search for organisational pride, the best experiences, success stories, best-performing people, and outstanding achievements. It also involves exploring the things in the people, the organisation and the context that bring about these best experiences. They further state that the dream stage has to do with looking at the discovery to explore the movers and enhancers of excellence with a view to developing a collective vision for the future of the organisation. The design has to do with working collaboratively to create motivating propositions on how to move the organisation to its future dreams. Destiny is all about actualising such visions and working together again for opportunities for further improvement.

Bushe (2011) on the other hand explains that the discovery stage reflects on what seems to be the best or the greatest strength of the issue under inquiry or the organisation that is being studied. At the dream stage, the researcher expects the participants to imagine or visualise their organisation at its best and try to identify the common goals of its members. The result of the dream stage gives rise to what seems to be the organisational mission statement.

The design stage is where a concrete proposal for the organisation's new state is made. This, as explained by Bushe (2011), is the design statement or possibility statement. The name of the fourth stage, which was called the delivery stage, was later changed to destiny stage by Cooperrider because it provoked confusion among the users instead of agreement (Bushe, 2011). The destiny stage is where consensus is reached and participants make commitments to actions that aim at

achieving the common goal. In this study, the researcher will make recommendations based on the opinions of the participants and extant literature. Implementation of these recommendations will lead to the achievement of the common goals of the participants. The recommendations are contained in chapter 11 of this thesis under the sub-heading “The implication of the findings for nursing education and nursing practice”.

5.7 Data collection procedures

Participant recruitment is described here. The contact persons from the Departments of Nursing at the University of Nigeria Nsukka, the University of Ibadan and the Obafemi Awolowo University, were first contacted by phone to schedule visits by the researcher to the various sites for participant recruitment. The contact persons at the National Universities Commission of Nigeria and the Nursing and Midwifery Council of Nigeria were also contacted for the same purpose. The visits to the three universities and Abuja for the participants’ recruitment took place between 12th and 30th October 2015. During the visits, a total of 45 participants were recruited through direct contact, snowballing and phone calls.

The first challenge encountered in the process of contacting the link persons to the research sites was the transfer of service of one of the contact persons. The link person to the Department of Nursing, Obafemi Awolowo University Ile-Ife, who was also the Head of Nursing Department, was appointed to start a nursing department at another university with better terms. She had to transfer her service to a new place of appointment, and the new Head of Nursing Department claimed that the

data collection plans were not properly handed over to her by her predecessor. The only solution was to start a fresh contact with the new person. Although the process took a while, it was successfully managed; the researcher had a smooth working relationship with her throughout the period of data collection.

The second challenge was that most of the contact persons and intended participants hardly replied to emails, text messages or phone calls during the initial period. This challenge was managed by visiting such people in their places of work for face-to-face contact. This approach was demanding financially and time-wise, but it was a huge success. Should the researcher be involved in another research process that involves interview in multiple sites, he would plan to be temporarily resident at each site twice, during participants recruitment and the actual interview, since emails, text messages and phone calls do not seem to be very effective especially in places that have poor internet access and communication network connectivity. Moreover, some individuals seem to take invitations more seriously when the process involves person-to-person contact; to such individuals, physical presence is a measure of importance attached to an invitation by the invitee. This observation is clear from the researcher's experience on the field in Nigeria during the data collection process,

Timetable and the actual data collection are described here. Appointments for interview were scheduled with the recruited participants. In the process of scheduling the appointments for the interview collaboratively, each participant's individual personal and work schedules and preferences regarding time and venue were taken into consideration. The details are set out in table 5.1.

Table 5.1 the data collection timetable

S/N o	Interview site	Timescale	Start date	End date	Number interviewed	Comments
1	The University of Nigeria Nsukka, and Obafemi Awolowo University Ile-Ife for November 2015.	November 2015	7 th November 2015	31 st November 2016	9 students and six lecturers; total = 15	Mop up interview scheduled to interview the remaining five participants.
2	The University of Ibadan and Abuja (NUC and NMCN).	December 2015.	3 rd December 2015	22 nd December 2015	One staff member of NUC and one staff member of NMCN	Mop up interview scheduled for the remaining participants.
3	Follow-up data collection for all the sites.	January 2016	10 th January 2016	5 th April 2016	18 participants	Arrangement to travel back to

						the UK started in March 2016
4	Data transcription and preparation to return to Queen Margaret University	February 2016	2 nd March 2016	22 nd August 2016	33 transcribed	
5	Return to Queen Margaret University, Edinburgh.	April 2016	11th April 2016	12 th April 2016 but reported on QMU 14 th April 2016		Settling down, data transcription and literature review continues

The actual data collection took place at the University of Nigeria Nsukka and Obafemi Awolowo University, Ile-Ife between 7th November and 3rd December 2015. Five students and five lecturers were to be interviewed respectively in the two universities making a total of 20 participants. Owing to some challenges that will be discussed later in this chapter, 15 participants (six lecturers and nine students) were interviewed at the end of the amended proposed time plan; this was the number that kept their appointments. Others could not come for one reason or another but promised to be available for the next appointments.

Organisational issues also impacted on data collection. Work arrangements at the University of Ibadan in December 2015 were disrupted by the strike actions embarked upon by the Academic Staff Union of Universities (ASUU) in Nigeria and the Senior Staff Association of Nigerian Universities (SSANU) over benefit issues and an alleged threat to colleagues' jobs (Adesulu et al. 2016). The non-academic staff later also joined the strike, and all offices were locked until the industrial action was over (Adesulu et al 2016).

All the participants with whom the researcher had booked appointments during those periods could not or chose not to tell the researcher if they would or would not be available. However, as events unfurled, none was ready to attend the booked sessions at that period, despite the fact that the researcher was then resident at Ibadan at a local guesthouse for the purpose of the data collection. Although the participants did not disclose the reasons for keeping their union's plans for industrial action confidential, the researcher felt that they acted on the instructions of the union's executives. Another challenge that interrupted the data collection in December 2015 was that Christmas and New Year Holidays for public servants ran from 24th December 2015 to 3rd January 2016. Therefore, in December 2015, the researcher was only able to collect data from one NUC member staff and one NMCN member staff making a total of two.

The data collection schedule for December 2015 had therefore to be revised, and data collection was carried over to January 2016. By the end of January, four students and two lecturers were interviewed at the University of Ibadan while two officials were interviewed from the Nursing and Midwifery Council of Nigeria office.

Mop-up interview dates arranged for those that could not keep their initial appointments, and the last interview was successfully completed on 5th April 2016. It was judged that interviewing could be concluded in the three universities, the National Universities Commission of Nigeria and the Nursing and Midwifery Council of Nigeria when no new information was forthcoming from the participants. Ongoing analysis of scripts suggested that saturation point had been reached. A major challenge for participants, both students and staff members, was still the issue of multiple diary engagements which affected their ability to keep their appointments. All the postgraduate students (part-time and full-time) have their jobs and families to maintain as they study. The academic staff members from the three universities also have other jobs (part-time lecturing) in other universities in order to supplement their earnings from their main jobs. In a bid to manage these challenges, the data collection period was revised to enable the researcher to finish up before travelling back to the United Kingdom.

The total number of people interviewed was 35, of whom there were 7 PhD Students, 14 M.Sc. Students, 8 Lecturers, 3 NUCN Officials, 3 NMCN Officials. Three of the interviews (one lecturer, one Masters degree student, and one NMCN member) were accidentally deleted from the voice recorder, however, the field notes contain most of the information lost. Therefore, references were made to the field notes when necessary since a comprehensive note on these three interviews was made and kept separate from the transcript for reference purposes.

The three interviews were lost as the researcher was turning on the voice recorder for another interview the same day. The researcher's practice was to transfer the interviews to his laptop and flash drive at the end of each day to avoid disruptions in-between interviews. The loss of the three interviews taught him a great lesson; to duplicate or even triplicate every data (voice or typed) immediately after access, as a precautionary measure in case of any eventuality and not to wait until the end of the day. After this ugly experience, the researcher started duplicating all data (voice, video or typed) as soon as he accessed them to avoid a repeat.

Arrangements were made to come back to Scotland at the end of March 2016. The researcher finally left Nigeria for the United Kingdom on 11th April 2016 and arrived in the UK on 12th April 2016. On the 14th day of April 2016, he officially reported to the Queen Margaret University Research Degree Office and Registry Information point for further directives and documentation.

Summary of the data collection process:

The data collection lasted for six months instead of the planned four months, because of the strike action referred to above, chains of administrative procedures, and the aforementioned busy schedules of participants which resulted in rescheduling visits. 35 participants were interviewed from the three participating universities, National Universities Commission of Nigeria, Nursing and Midwifery Council of Nigeria.

While the data collection for this thesis was on-going, the Senate of the University of Nigeria, Nsukka gave the Department of Nursing of the University a three-month ultimatum to graduate at least 100 postgraduate nursing students between October 2015 and January 2016 or have the programme closed down. The department was able to graduate 75 postgraduate nursing students as of the end of January 2016.

The Obafemi Awolowo University had started a review of their postgraduate nursing curriculum in October 2015 and they were at the final stage of this review when the researcher left there for the University of Ibadan. The researcher also discovered that the Department of Nursing of the University of Ibadan was seriously fighting to become a full-fledged Faculty of Nursing in order to be free from the marginalisation they believe they suffered under the Faculty of Medical Sciences.

5.8 Philosophical underpinning

As previously stated, the researcher employed an inductive method and the epistemological stand here is interpretivism or social constructivism from a critical realistic position. The philosophical underpinning is guided by the critical realists' worldview that the world is created by structures, mechanisms and causal powers which could be explained although may not be observed (Maxwell 2012; Appleton and Walliman 2009, p. 55; Wainwright 1997, p. 1265). Unlike positivists, critical realism tends to incline more to interpretivist' views because of their belief in the

existence of multiple realities perceived by the social actors engaging in the world around them (Appleton and Walliman 2009; Pawson and Tilley 1997). However, the similarities and differences in philosophical positions will be explained fully in the following paragraphs.

Understanding Nigerian students and other stakeholders' experiences may involve more than just how they interpret as such the experiences based on the principle of the existence of multiple realities which interpretivists seek to do (Williams and Appleton 2009). Positivists in their view believe that there is a single, tangible and objective reality which may be apprehended in parts; post-positivists who are often described as having modified the ideas of the positivists (Guba 1990), believe that although there is a single, tangible objective reality, it is not possible to assume a totally objective stance without seeking some probabilistic evidence (learning what the true state of a phenomenon probably is, with a high degree of likelihood) as some researchers struggle to do (Williams and Appleton 2009, p. 55, and Polit and Beck 2012, p. 8). So, positivist and post-positivist beliefs in the existence of single, tangible objective reality (Guba 1990) make this world-view unsuitable for this study. However, while sharing a similar view with the post-positivists, the critical realists suggest that the world is created by structures, mechanisms and causal powers which could be explained although may not be observed (Wainwright 1997, p. 1265). Whereas the post-positivists tend to incline more towards positivism because of their belief in the existence of a single, tangible objective reality, the critical realists tend to incline more towards interpretivist worldviews because of their belief in the existence of multiple realities (Williams and Appleton 2009).

The underpinning epistemological perspective considered appropriate for this study is interpretivism because the study involves multiple realities (Williams and Appleton 2009). Given the complex social structures and mechanisms in Nigerian educational system and social and political forces operating in Nigerian society as a whole, the interpretivists' worldview is therefore guided by the critical realists' worldview that the world is also created by structures, mechanisms and causal powers which could be explained although may not be observed (Maxwell 2012; Appleton and Walliman 2009, p. 55; Wainwright, 1997, p. 1265). Critical realism deals with how social structures impact on people's perception of reality (Pawson and Tilley 1997). Products of the social structures and causal powers in the context of this study include the incessant industrial actions by Nigerian university staff members and the issue of professional autonomy in the Nigerian nursing profession. The question of autonomy remains whether it is the nurses or the doctors that control the decisions and policies affecting the growth and development of the nursing profession. Other notable issues are the administrative structure and the organisational goals of the two bodies regulating postgraduate nursing education in Nigeria (NMCN and NUCN) which are clearly influenced by colonial and post-colonial relations with the United Kingdom. These are interwoven with the technological challenges facing any twentyfirst century society, the balancing and counterbalancing of cultural values played out in different regions of Nigeria, and political and civil instability. Critical realism is considered an appropriate philosophical underpinning for this study, because, a clear understanding of students' journey through postgraduate nursing education in Nigeria could only be achieved if the above social structures, and causal powers and mechanisms are critically viewed in the historical context of the contemporary Nigerian social system and prevailing socio-economic circumstances.

Critical realism holds that the theory of knowledge, or epistemology, is different from a theory of being, or ontology (Bhaskar, 1978). There is a reality which exists independent of its human conception. Critical realists believe that there are unobservable events which cause the observable ones; as such, the social world can be understood only if people understand the structures that generate such unobservable events (Maxwell, 2012). Bhaskar (1978) stated that this is important in the experimental context because it allows the scientist to distinguish between the event and what causes it. Bhaskar (1978) further argued that an individual conducting an experiment creates the conditions necessary for the experiment (observable event), but the results are caused by the underlying laws and mechanisms (unobservable events).

The critical side of this theory arises from the identification of epistemic fallacy – the idea of analysing statements about existence in terms of knowledge. Arendt (1998) argued that the misunderstanding arises from a failure to recognise the difference between existence and knowledge. Strengthening Arendt's argument, Maxwell (2012) maintains that the realism side of the theory focuses on the existence of real mechanisms which shape events. A central idea of critical realism is that natural and social reality should be understood as an open stratified system of objects with causal powers (Morton, 2006).

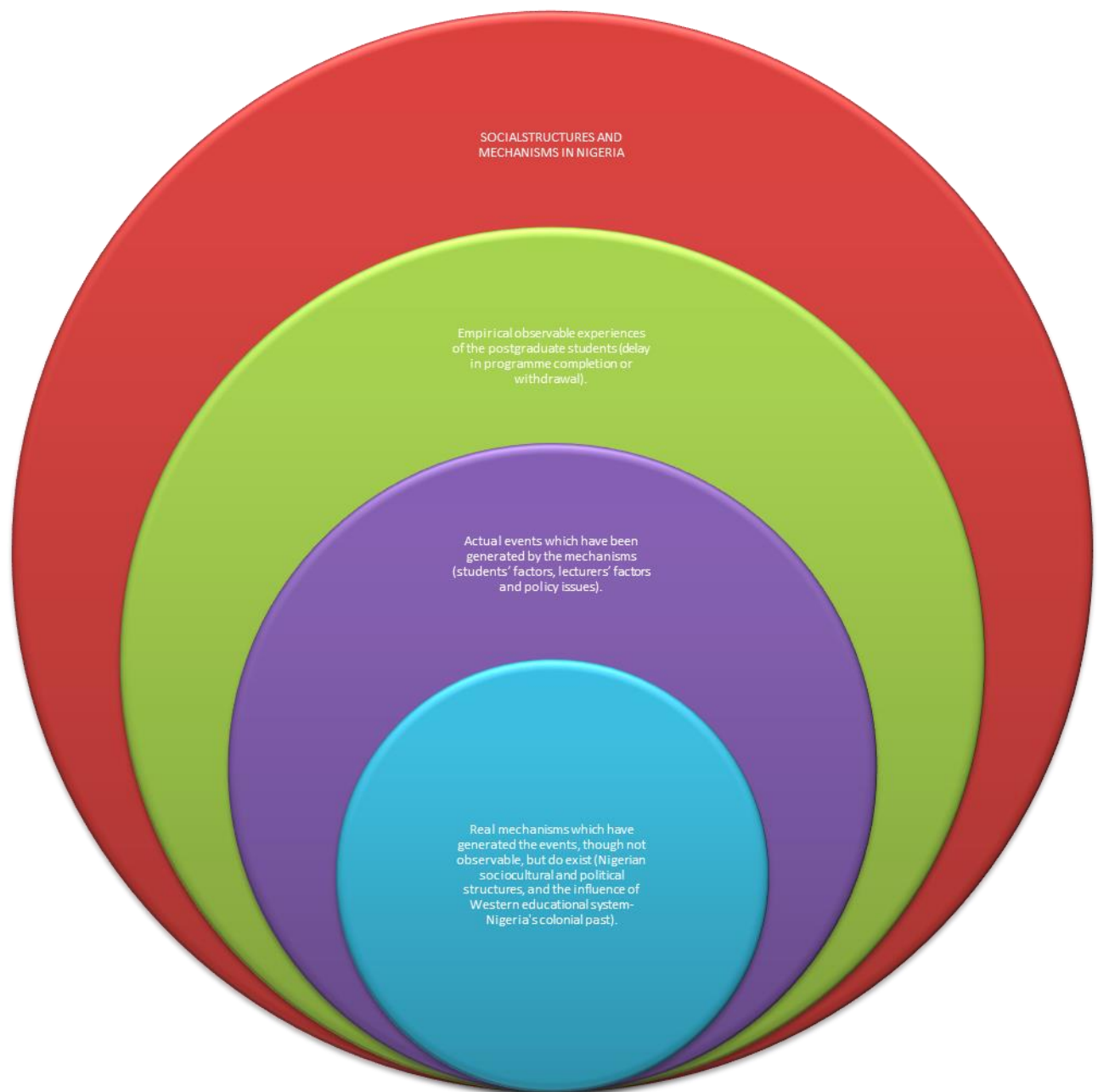


Figure 5.7: The critical realists' theoretical framework (model) adapted from Mingers and Willcocks (2004).

There are three strata, according to the theory; domains of the real, the actual, and the empirical (Mingers and Willcocks, 2004). The domain of the empirical includes observable experiences. The domain of the actual includes actual events which have been generated by mechanisms. Finally, the domain of the real includes the mechanisms that have generated the actual events.

The critical realism theory can be applied to social science as well as natural science; however, the applications of this theory in social science are argued to be different from natural science (Morton, 2006). Culture and society are generated by human activities; so, society is continuously changing due to the dynamic nature of human actions, and as such, there is a mutually influential relationship where humans shape the society, which in turn affects human activities (Arendt, 1998). Unlike natural laws, rules of culture and society are not universal but tend to be applicable only in a certain location and time. Furthermore, social structures are open and cannot be artificially controlled in a laboratory-type setting. Therefore, the critical realism theory does not have any predictive power, and the theory is used for its explanatory benefits only (Mingers, and Willcocks, 2004). Critical realism requires a deep understanding of any social situation, going beyond the observable and investigating the mechanisms behind the observable events to distinguish, if possible, structural forces.

Application of the theory to the study

The social structures and mechanisms in Nigeria, which are the main focus of critical realism, can be appreciated if we understand the basic concepts of social structure,

culture, agency, and actors or agents. Archer (1995, p. 43) defines the social structure as a set of social relations, rules, and roles that are quite independent of individuals' interpretations, however, both levels influence each other over time. Actors, on the other hand, are members of an institution or an organisation with common interests, who represent and protect the organisational interest with or without their knowing it (Lozega 2003, 2006, 2012; Donati, 2010).

Culture is the way of life and norms of a group of people with common interest and/or geographical location that help actors to regulate social structures in a bid to give meaning to actions, and protect their political interests (Lozega, 2011; Archer, 2003). Agency refers to organisational bodies or institutions that utilise structure and culture to create new networks, new opportunities and sometimes, new organisations as they protect their organisational interests (Archer, 2014).

In any organisation, the social structure allows the actors to have some power-relations with which they manage organisational opportunities (jobs, funding, projects, and social networks) (Arendt, 1998). They manage the opportunities in such a way that they create inequalities and social class distinction within the organisations through exploitations, in order to minimise cost (Till, 1998). Arendt (1998) argues that this inequality-generating mechanism involves complex politics and resource hoarding that interfere with the private lives (biological processes and basic necessities of lives) of the employees.

Arendt (1998), Archer (2003), and Lazega et. al (2013) maintain that these inequality-generating mechanisms reveal the existence of two realms, the private and public. Whereas the private realm is concerned with the basic necessities of life such as food and shelter, the public realm is a realm of freedom from those biological necessities, where great achievements are brought about by political activity. Explaining further, Arendt (1998) asserts that unless one can take care of the basic needs of life, one cannot participate actively in the public realm as equals. In Arendt's (1998) perspective, the fall of the Roman Empire gave birth to a third realm, the social realm where the church took over the role of the public realm and provided for the basic needs at a lower level. The emergence of the social realm is viewed by Arendt as a threat to both private and public realms since the basic needs of everyone one cannot be met without invading the private sphere and at the same time, corrupting the realm of free actions. Arendt's concepts of labour, work and action will make the impact of the development of the social realm on the society clearer.

Human basic biological needs are dynamic; each time the needs change, they put new, inevitable demands on man. Arendt (1998) states that labour refers to the activity of man aimed at meeting these basic biological necessities; since these basic needs are consumable and dynamic, labour is an unending activity as long as man lives. Work, in contrast, has a clear starting point and tangible end product in the form of tools, buildings, cars, among others (Arendt 1998).

Unlike labour that is associated with the private realm, work is associated with the public realm; the products of labour are temporal because they are mere consumables, but the end product of work is permanent and durable. The durability of work may have influenced the ancient philosophers to consider it superior to labour, however, Arendt (1958; 1998), strongly argued that neither is superior to the other, but that work is a superstructure superimposed on the already existing infrastructure of ever-changing labour.

Action, as a third type of activity, discloses who an individual is through deeds or words. These actions lie between labour and work; they are often unpredictable, and unconsciously reveal who an individual really is (Arendt, 1998). It may be of interest to know that Arendt believes that the uniqueness of an individual's actions distinguishes the individual from others in the society or organisation to which he or she belongs.

The class inequality in the social structure and mechanisms of Nigeria is vividly demonstrated in its educational system. The key actors are the Federal and State Governments who provide policies and manipulate the learning environments through the politicians, the leaders of professional organisations who provide technical advice and regulate the education system, the lecturers who implement the education policies, and the postgraduate students who are at the receiving end. The government policies on education are often manipulated to favour the government and its representatives who are politicians, at the expense of the workers' welfare. Examples of such policy issues are poor salary structures for university staff,

restricting the employment of more staff (lecturers), creating loop-holes to sack existing staff (lecturers), and investing in apparently more tangible projects like the acquisition of buildings, vehicles, property, and building social networks. According to Archer (2003), the aims of these so-called “tangible investments” are to boost the image of the government, reduce cost, and thereby indirectly enrich the politicians, creating social inequality.

The workers, whose welfare is neglected, are still expected to work hard to achieve the goals of both the government and their professional organisations. They fall short of these expectations as they labour to meet their basic individual and family needs through alternative means (setting up a private business, taking up part-time paid jobs and embarking on industrial actions). Taking up any of these alternative means of survival will always affect the productivity of the workers (lecturers) and set back the academic programme and calendar. The students, who are at the receiving end, will always be the worst hit when the academic programme is in disarray.

An example of this is seen in the disruption of academic activities across the Nigerian universities by industrial action embarked upon by the Academic Staff Union of the Universities (ASUU) in Nigeria as reported by Adesulu et al. (2016) in the Nigerian Vanguard. Another example is the 10-month ASUU strike between April 2013 and July 2014; academic activity was disrupted for a whole session (the Leader News 2014). Surprisingly, the issue of staff (lecturers’) welfare was still the cause of ASUU strikes between 2009 and 2016 as reported in Punch Newspaper and the Nigerian Voice Newspaper by Umeagbalasi (2013) and Olokor (2016) respectively.

The existence of this social inequality and its consequences will continue in the social structure and mechanism of Nigeria education system until there is a balance between the public and private realms in terms of the gap in the social and economic status between key agents and workers.

5.9 Research governance

Research governance involves the protection of the rights, safety, dignity and well-being of research participants; it also involves the facilitation and promotion of ethical research that is of potential benefit to participants, science and society (Royal College of Nursing 2013). Due process in obtaining approval from the Queen Margaret University Ethical Research Committee, participants' written consent, and giving participants information ahead of time was followed using ethical approval forms, participants' written consent form and a participants' information sheet as shown in Appendix D. Data protection and safety was ensured by keeping the data recording equipment (voice recorder and field notebooks) in a secured room adequately locked when not in use. The researcher duplicated and stored the records separately as a precautionary measure should there be any data storage disaster. Ethical considerations are discussed in more detail later in this chapter.

5.10 Issues of rigour

Rigour means the strength or quality of the research design in relation to all the procedures adopted to ensure that all confounding variables have been eliminated sufficiently to make the findings and conclusions dependable (Gerrish and Lacey 2010). The key concepts involved are validity and reliability for quantitative researchers and trustworthiness for qualitative studies. Whereas validity refers to the

ability of the research to measure what it is expected to measure, reliability is concerned with the consistency of the research in measuring what it is expected to measure (Gerrish and Lacey 2010 and Uzoagulu 2011). Since this study is purely qualitative, the focus here will be on the issue of trustworthiness.

Trustworthiness, as suggested by Lincoln and Guba (1985 and 1994) and cited by Polit and Beck (2012, pp. 322 - 323), includes credibility, dependability, confirmability, transferability, and authenticity. The trustworthiness of the data from the appreciative enquiry approach (observation and semi-structured interview) was established through triangulation. The triangulation was done by cross-checking the data with a small number of university community members (data triangulation), and bringing a professional from another field of study to interpret the data (theoretical triangulation). Similarity or closeness of the data through these approaches establish the trustworthiness of the data (Guion, Diehl and McDonald 2011).

The researcher in collaboration with the research participants chose settings and times conducive for the interviews to eliminate such extraneous variables as noise, extreme heat, and lighting problems. These variables would have had a negative effect on the quality of the data. Moreover, the favourable environment positively influenced the participants' mood, and that made them give responses in a natural and relaxed manner (McLeod 2008).

5.11 Ethical considerations

Ethical approval was obtained from the Research Ethics Committee of Queen Margaret University, Edinburgh and the Nursing and Midwifery Council of Nigeria Research Ethics Committee before the commencement of the study. Furthermore, consideration was given to research governance, which involves the rights, dignity and well-being of participants and the promotion and facilitation of research ethics that are of benefit to the participant and the Society (Royal College of Nursing 2013) before, during and after the study. Other issues considered included obtaining the participants' informed written consent, confidentiality, participants' autonomy, safety and data protection.

Participants were informed about the study orally in order to solicit their consent to participate in the study before they were offered an information sheet containing details of their study involvement. After they had read the information about the study, the researcher took the time to answer questions from the participant and clarify any doubts that arose. Those who were willing to take part were then given the consent form to sign to confirm their willingness to participate. They were informed that they would be able to opt out of the study at any stage after that despite their initial consent.

The participants were also informed that the study would not involve any undue risk as they would only be expected to answer interview questions. The researcher was sensitive to participants fearing possible sanctions being applied to themselves for disclosing potentially embarrassing information to other stakeholders, for example, academic staff, the university, or other people or organisations who may be in a

potential power relationship with the participant (Maxwell 2012, pp. 99 - 102; Denizen and Lincoln 2005, pp. 139 - 147) The researcher explained that it was not compulsory that they answer all interview questions if they did not wish to do so. It was explained that the study would not benefit the participants directly. It was also explained that although the study was for academic purposes, it would be published but the confidentiality of participants would be maintained. Furthermore, it was also explained that the data collected would be kept in a locked cupboard and later destroyed after the research process, usually after five years from the completion date of the study.

It was also explained that the interview was expected to take around one hour and that every effort would be made to choose a comfortable private venue to avoid discomfort to the participants. Participants were given the opportunity to negotiate a time and venue that would suit them best for the individual interview, especially avoiding any clash with their programmes or revealing their participation to others, including members of the university. It was also explained that participants would not get any financial benefits, but out-of-pocket expenses incurred through travel could be reimbursed, and refreshments would be provided.

5.12 Data analysis

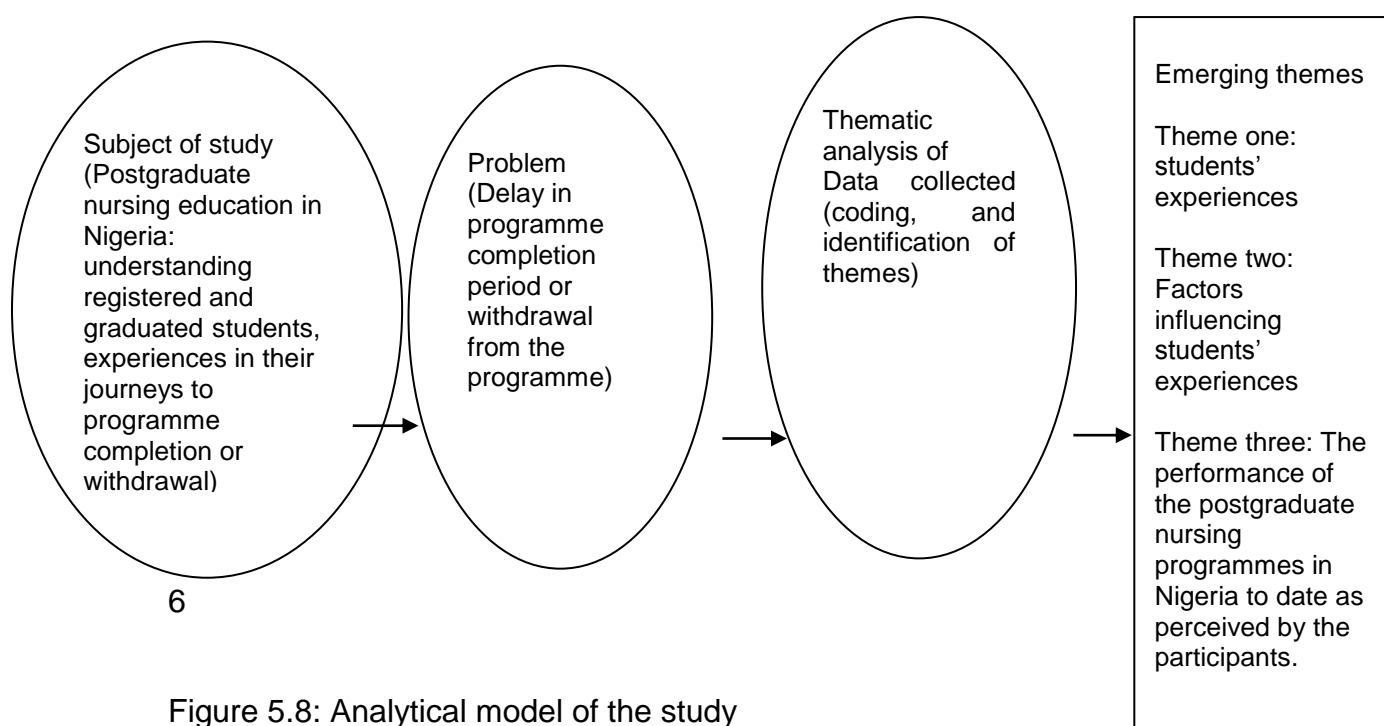


Figure 5.8: Analytical model of the study

The data collected were analysed using the thematic analytical model. Thematic analysis is widely used in qualitative data analysis, but there is no clear agreement about what thematic analysis is and how one should go about doing it (Attride-Stirling, 2001; Boyatzis, 1998; Tuckett, 2005). Unlike narrative analysis, discourse analysis, grounded theory, and content analysis, it is often not explicitly assumed to be a method of qualitative data analysis (Meehan, Vermeer, and Windsor, 2000). However, a lot of qualitative data analysis is essentially thematic in approach though not often identified as any particular method of data analysis (Meehan, Vermeer, and Windsor, 2000). According to Boyatzis (1998, p. 6), thematic data analysis involves the identification, breakdown, interpretation, and reporting of patterns within a set of data. The term “pattern” often refers to themes (Boyatzis 1998).

Taylor and Ussher, (2001) hold the view that the idea of themes emerging is a passive account of the process of analysis. It denies the active role the researcher always plays in identifying patterns, selecting which ones are of interest, and reporting them for the readers' consumption (Taylor and Ussher, (2001). The perception of some qualitative researchers that themes emerge could be misinterpreted to suggest that themes reside in the data. According to Ely, Vinz, Downing, and Anzul, (1997, p. 205), if themes reside anywhere, they reside in the head of the researcher as he thinks about the data and creates links the way he understands them.

Thematic analysis differs from other analytic methods that aim at describing patterns across qualitative data such as thematic discourse analysis, thematic decomposition analysis, interpretative phenomenological analysis (IPA), content analysis, and grounded theory. Both IPA and grounded theory aim at identifying themes in the data, but they are bounded by theories. IPA is associated with phenomenological epistemology (Smith, Jarman, and Osborn, 1999; Smith and Osborn, 2003), which gives experience priority position (Holloway and Todres, 2003). The grounded theory comes in a different perspective (Charmaz, 2002). It seeks to generate a plausible and useful theory of the phenomena that is anchored on the data (McLeod, 2001).

The term thematic discourse analysis refers to a wide range of patterned analyses of data, which include thematic analysis within a social constructionist epistemology (where patterns are identified as socially produced, but no discursive analysis is shown) (Clarke, 2005). Thematic decomposition analysis is a specifically-named form of „thematic“ discourse analysis which identifies patterns (themes, stories)

within data, and theorises language as constitutive of meaning and meaning as social (Stenner, 1993; Ussher and Mooney-Somers, 2000). These different methods share a common search for themes or patterns across an entire data set, rather than within a data item (Murray, 2003; Riessman, 1993). An example is an individual interview or interviews from one person, as in the case of biographical or case study forms of analysis such as narrative analysis (Murray, 2003; Riessman, 1993).

In contrast to IPA or grounded theory (and other methods like narrative, discourse or CA), thematic analysis is not linked to any pre-existing theoretical framework, and so it can be used within different theoretical frameworks (although not all) and can be used to do different things within them. Thematic analysis can be an essentialist or realist method, which reports experiences, meanings and the reality of participants, or it can be a constructionist method, which examines the ways in which events, realities, meanings, and experiences are the effects of a range of discourses operating within society. It can also be dependent on context or situation, that is, situated between the two poles of essentialism and constructionism and characterised by theories such as critical realism (Willig, 1999). Critical realists recognise the ways individuals make meaning from their experience, and, in turn, the ways the broader social context impinges on those meanings while retaining focus on the material and other limits of reality (Willig, 1999). Therefore, thematic analysis can be a method that works both to reflect reality and to unpick or unravel the surface of reality (Willig, 1999). Moreover, the thematic analysis does not require detailed theoretical and technological knowledge like grounded theory and discourse analysis; it can offer a more accessible form of analysis, particularly for those who are new in a qualitative research career (Willig, 1999).

Content analysis is a general term for a number of different strategies used to analyse text (Powers and Knapp, 2006). It is a systematic coding and categorizing approach used for exploring large amounts of textual information unassumingly to determine trends and patterns of words used, their frequency, their relationships, and the structures and discourses of communication (Mayring, 2000; Pope et al., 2006; Grbich, 2007). The purpose of the content analysis is to describe the characteristics of the document's content by examining who says what, to whom, and with what effect (Bloor and Wood, 2006). Thematic analysis, on the other hand, is often seen as a poorly branded method, in that it does not appear to exist as a named method of analysis in the same way that content analysis does (Vaismoradi, Turnen, and Bondas 2013). Thematic analysis as an independent qualitative descriptive approach is mainly described as "a method for identifying, analysing and reporting patterns (themes) within data" (Braun and Clarke, 2006: 79). It has also been introduced as a qualitative descriptive method that provides core skills to researchers for conducting many other forms of qualitative analysis (Vaismoradi, Turnen, and Bondas 2013). In this respect, qualitative researchers should become more familiar with thematic analysis as an independent and reliable qualitative approach to analysis (Vaismoradi, Turnen, and Bondas 2013).

The issue of what counts as a theme has been a strong challenge to many researchers. A theme captures something important about the data regarding the research question and represents some level of patterned response or meaning within the data set. An important question to address regarding coding is what counts as a pattern or theme, or what should be the size of a theme in a set of

qualitative data? Ideally, there might be a number of themes across the data set, but more instances do not necessarily mean the theme itself is more important. In qualitative data analysis, there is no fixed answer to the question of what proportion of your dataset needs to display evidence of the theme for it to be considered a theme.

A theme might be given considerable space in some data items, and little or none in another, or it might appear in relatively little of the data set. Therefore, the researcher's judgement is necessary to determine what a theme is. Furthermore, the authenticity of a theme is not necessarily dependent on quantifiable measures, but on whether it captures something important in relation to the overall research question or not.

There are different positions regarding when one should engage with the literature relevant to your analysis. Some researchers argue that reading literature prior to data analysis could narrow a researcher's analytic horizon (Tuckett, 2005). The limitation of the analytical field could lead the researcher to focus on some aspects of the data at the expense of other potentially important aspects (Tuckett, 2005). Others argue that engagement with the literature can enhance your analysis by sensitising you to more subtle features of the data (Tuckett, 2005). Therefore, there is no one right way to proceed with reading for thematic analysis, although a more inductive approach would be enhanced by not engaging with literature in the early stages of the thematic data analysis, whereas a theoretical approach requires engagement with the literature prior to analysis (Tuckett, 2005).

Thematic data analysis shares the criticisms of qualitative studies. One of the criticisms of qualitative research from those outside the field is the misconception that anything goes. For example, this perception is demonstrated in the first sentence of Laubschagne (2003, p. 22):

“For many scientists used to doing quantitative studies, the whole concept of qualitative research is unclear, almost foreign, or 'airy fairy' - not 'real' research”.

However, although qualitative studies are not subject to the same criteria for establishing trustworthiness as quantitative approaches, they do provide methods of analysis that should be applied rigorously to the data. Moreover, criteria exist for carrying out good qualitative research, both data collection and analysis (Elliott, Fischer, and Rennie, 1999; Parker, 2004; Seale, 1999; Silverman, 2000; Yardley, 2000). The British Psychological Society offers relatively succinct guidelines for assessing the quality of qualitative research (Elliott et al., 1999, p. 27).

As thematic analysis is a flexible method, the researcher should be explicit about what he is doing. The theory and method need to be applied diligently; devising a systematic method whose assumptions are congruent with the way the researcher conceptualises the subject matter (Reicher and Taylor, 2005). In this study, the researcher followed the guideline for doing a good thematic data analysis as provided by Reicher and Taylor (2005, p. 549), and summarised in the following paragraphs.

The data analysis was determined by both the research objectives and multiple readings and interpretations of the raw data. The primary mode of analysis is the development of categories of the raw data into a form that captures key themes based on the researcher's judgement. The research findings derived from the multiple interpretations made from the raw data by the researcher who codes the data. The trustworthiness of the findings was assessed by a range of techniques including comparison with findings from previous research, triangulation, and feedback from participants in the research.

The analysis started with data transcription. The transcription was done verbatim noting every pause, silence and other forms of expressions (smiling, coughing, and body languages) which convey hidden meanings (See appendix for samples transcriptions). In the process of crosschecking the transcribed data with the audio recorder and rereading it repeatedly, some themes and codes started to emerge. The participants were assigned unique codes in the transcript to maintain anonymity.

The identification of codes within the data was done using a colour marker and side notes (See appendix F for code identification step 1). Related codes were organised into categories, and relevant related categories were grouped together to form sub-themes and themes as the case may be (details are located in appendices G and H). The emergence of themes did not depend on the prevalence of the related codes within the data but on the relevance to the study topic (Clarke and Kitzinger 2004). Further screening of the categories and themes was carried out to eliminate irrelevant ones and merge some that needed merging. After the final screening, three themes, five sub-themes, and 25 categories emerged. The details of the

coding, identification of themes and categories are summarised in the tables 4.2, 4.3, 4.4, and 4.4 below.

The initial part of the data addressing the objective three of the study was analysed using simple descriptive statistics. Although the use of descriptive statistics is exclusive to quantitative studies (Uzoagulu 2011), Heath and Street (2008), Erickson (2007), and Hammersley (1992) support the inclusion of numerical values in qualitative studies depending on the nature of the data. Their support of the use of numbers in qualitative research was based on the argument of Becker (1970), that since the qualitative researchers use quantitative values in words (few, many, most), it could be better to use a concise form (numbers) where necessary.

Table 5.2 showing theme one

Theme one	Sub-theme	Category	Definition
Students' experiences challenging		1. Lecturers' attitudes	Bossy sometimes, friendly, students scared of having relational issues with them, negligence, and non-availability
		2. Students work and study to meet financial demands.	Working on a full-time basis, study on full-time basis, 75% class attendance required of full-time students, full commitment to duty required of a full-time worker.
		3. Complex nature of	Postgraduate programme

		postgraduate programme	involves a lot of assignments and examinations which require extra at home aside class work
		4. Accommodation issues	No adequate accommodation in relation to residence and classrooms. Students that needed a resting place in school could not and different sets share one class
		5. Delay in programme completion	Master's degree and doctoral degree programmes are supposed to last for one year and two and a half years respectively, but some spend up to seven years for M.Sc. programmes and eight years for PhD programmes

Table 5.3 showing theme two

Theme two	Sub-theme	Category	Definition
Factors affecting student experiences with completion period	1. Students' factors	1. Full-time student, full-time worker, and family issues	<i>UNL1: They are working and studying at the same time and that encroaches into their academic programme making the issue of class attendance a strong challenge. OAUMSCSt3: Another one is combining studies with family life. I remember that I gave birth to a child in the course of the programme ...</i>
		2. Lack of interest and motivation	<i>UNMSCSt5: The programme was held up by lots of assignments and seminars.I had some delays, not necessarily because of lecturers but because of my own personal issues. There was a lack of interest and motivation. I wonder what I am reading for considering my age and</i>

			<i>time factor and the disturbance.</i>
		<i>3. Students over depend on lecturers only for academic progression</i>	<i>..... some are not even resident in the country and that does not help at all. On the part of the student, they ought to continue pushing if they have such supervisors. They can contact another lecturer for assistance.</i>
	<i>2. Lecturers factors</i>	<i>1. Bossy</i>	<i>UNMSCSt2: ... they give rules and expect us to just follow blindly. UNMSCSt1: they speak to us like small children</i>
		<i>2. no commitment</i>	<i>UNMSCSt2: I have spent more than a year and a half now and there some modules we have not even started.....</i>
		<i>3. nonchalant to students' plight</i>	<i>UNMSCStG4: Another challenge I can never forget is a course we ought to do in the first year which we did not do until after two years The lecturers never cared until we all dispersed to our various states.</i>
		<i>4. too strict for</i>	<i>UNMSCSt1: They insist</i>

		<i>comfort</i>	<i>that students must have 75% attendance for them to qualify to write examinations.</i>
		<i>5. Ineffective supervision</i>	<i>UNMSCStG1: When you submit a topic, a lecturer would look at it and introduce irrelevancies. Later, he or she would ask you do corrections which he or she would cancel again and would ask you to include things he or she rejected before.....</i>

Table 5.4 showing the continuation of the theme two

Theme two continues	Sub-theme	Category	Definition
	3. Policy issues	1. Programme structure	<i>UNMSCSt1: We do up to twenty modules..... within 18 months but some students spend up to seven or ten years in the programme because of the way it is run. OAUMSCSt1: The specialities available are ambiguous so to say. UNMSCSt5:</i>

			<p><i>There were so many assignments, and each was like a research on its own. That did not give us time to start our projects on time... OAUPHDS tL3: On the part of students, we registered as full-time students in principle, but in practice, it was not really full time.</i></p>
		<p><i>2. Lack of human/material resources, and supportive environment</i></p>	<p><i>UNMSCSt2: Students do not graduate as they ought because of the issue of workload Sometimes, students' results are not released until after 18 months that alone leads to delay as students who may need to re-sit a module may not know his or her fate until one year or two are gone. The librarians are not in the library most of the times, the books are obsolete, and there are no internet facilities in the library.</i></p>
		<p><i>3. Key actors, not nurse – lack of professional autonomy</i></p>	<p><i>NMCN S1: Like the proverbial saying, "unless lions have their own historians, the history of the hunt would always glorify the hunters". Unless nurses and nursing profession produce their own products that are fit to withstand international competitiveness, we would remain appendages to other professions</i></p>

			<i>against our wish.</i>
		4. Few universities offer PG programmes	<i>UNMSCSt3: Postgraduate programme in nursing has not been an easy task this is because few universities offer the programme and many students wanted to further their education</i>

Table 5.5 showing continuation of table two

Theme two continues	Sub-theme	Category	Definition
	4 Social structures and mechanism	1. Foundational issues	<i>NMCNS2..... we have started actually but the problem we had was that the first people that started it didn't have mentors to give them what they really needed to start the postgraduate nursing programme.</i>
		2. Leadership and professional autonomy	<i>NMCN S1: Like the proverbial saying, "unless lions have their own historians, the history of the hunt would always glorify the hunters".</i> <i>UIPHDLSt1: Nursing council has administration issues; no clear policy on what postgraduate nursing programme is all about. S many people view postgraduate programme in different</i>

			<i>perspective, and they go about it the way they feel about it</i>
			<i>UIPHDLSt1: Nursing Council has administration issues; no clear policy on what postgraduate nursing programme is all about.....many people view postgraduate programme in different perspective, and they go about it the way they feel about it</i>
		3. Political structure	<p><i>UNPHDSt1: Moreover, there is no monitoring framework on the ground;even if it is attempted, the issue of relationship problem over-rides.</i></p> <p><i>UIPHDLSt1: A lot of issues which may not be rooted in the department but to Nigerian situation. Issues affecting Nigeria affect the department as well. A lot of Nigerian schools do not have access to internet facilities, currently, there is strike action, and that affects the academic programme.</i></p>
		4. Contextual issues	<i>UNMSCStG3: to some extent they are supportive. There are good libraries where you can get books; they have good infrastructure example, good classroom according to our context. At least, we go to class, sit down we don't stand, there is a</i>

			<i>fan, there is light, and what else do we need? We cannot compare ourselves to the developed world</i>
		5. Disparity in remuneration	<i>UNMSCStG3: there are many people in the clinical area that need teaching job, they should be employed to lecture. The lecturers' salaries should be improved because there is a disparity between clinical nurses' salaries and the nurse-lecturers' salaries and that makes the clinical nurses reluctant to leave the clinical areas.</i>
		6. Gender issues	<i>OAUMSCSt2: I am the only male in my set. Sometimes, I want to discuss with a fellow man, but none will be available.</i>

5.2a Proposed Time plan

S/No	Proposed plan	Proposed time	Remarks
1	Literature review	Continuous from late October 2014	Ongoing
2	Outline proposal writing and submission	Three months (October 2015 – late January 2016)	Completed and submitted on 6th February 2015.
3	Main proposal writing and submission. and	Five months (February 2015 –	Completed and submitted on 3rd July 2015.

	ethical approval submission	July 2015)	
4	Proposal defence and ethical approval	One month (July 2015 – August 2015)	Passed probationary assessment and obtained ethical approval in September 2015
5	Literature review	Continuous	Ongoing
6	Data collection	Six months (October 2015 – March 2016)	Completed in April 2016
7	Data transcription and initial analysis	Four months (April 2016 – August 2016)	Completed in December 2016
8	Holiday	One month (Early December – early January)	Went on holiday in December 2016 and came back in January 2017
9	Initial report writing and submission to my supervisors	9 months (September 2016 – May 2017)	Still ongoing as at July 2017
10	Assessed Seminar 2	27 th April 2017	Had an Assessed Seminar 2 on 27 th April 2017 and submitted specified revisions on 8 th July 2017
11	Submission of final thesis report draft to my supervisors	September 2017	

12	Submission of final thesis report to the Graduate School Office	October 2017	
13	Final viva	December 2017	
14	Submission of corrected copy to Graduate School Office		

Table 5.2b Proposed Time plan in Gant chart

Conclusion: The methods chapter discusses the research process. The study design is qualitative phenomenology and the study took place in Nigeria. As the research is qualitative, the sample size was guided by the principle of saturation. The participants were recruited through direct contact, phone calls, letters and snowballing. The tools for data collection include interview guide, voice recorder, field notes, and direct observation by the researcher. The appreciative inquiry framework guided the face-to-face interview during the data collection process.

The philosophy underpinning the study is critical realism and the ontological position is the relativist worldview while the epistemological stance is interpretivism. The researcher adequately discussed and addressed research governance, rigour, and ethical issues before, during and after the study. The researcher analysed the data collected thematically, and the proposed methods of dissemination of findings will include a report to funders, seminar and workshop presentations, publications in recognised journals, and networking with other researchers. The proposed methods of utilisation of the findings will include subliminal diffusion and the persuasive

approach to the relevant stakeholders including policymakers in postgraduate nursing education in Nigeria.

6. THEME 1 - STUDENTS' EXPERIENCES

Introduction

This chapter sets out the findings from the interviews with registered and graduated postgraduate nursing students in Nigeria about their experiences of their journeys to programme completion or withdrawal from the programmes offered. The specific objectives relating to this aspect of the study include

- investigating the experiences of students enrolled on postgraduate nursing education programmes in Nigeria,
- exploring the factors affecting students' experiences on the postgraduate nursing programmes in Nigeria, and
- examining the participants' assessments of the overall performance of the postgraduate nursing education programmes in Nigeria to date in relation to students' experiences.

The data was collected through one-on-one interviews and then coded using the approach identified in Chapter 5. Following analysis, three major themes emerged: students' experiences, factors influencing their experiences, and the delivery of

postgraduate nursing programmes in Nigeria to date as perceived by study participants. The first objective the researcher set out to address was to investigate the students' experiences on the postgraduate nursing programmes. The first theme, students' experiences, is presented in this chapter.

The first theme, students' experiences, has no sub-theme but contains five categories (Figure 6.1): lecturers' attitudes, students' work and study to meet financial demands, the complexity of the postgraduate programme, accommodation issues, and delay in programme completion.

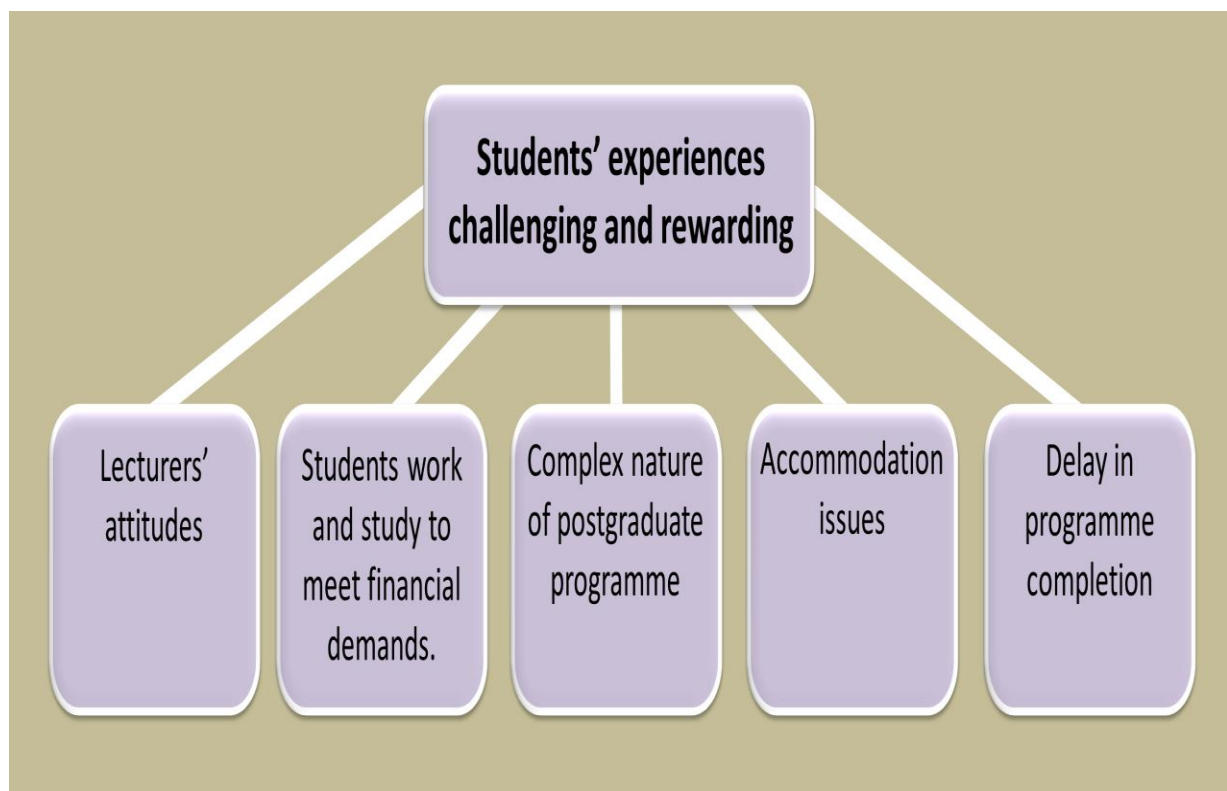


Figure 6.1: students' experiences

Analysis of the data showed that most of the participants recognised that the students' experiences were challenging. That this is so is evident in the following comments from the participants:

“... it seems that they have special tightening screws with which they use to make things difficult for students to pass through the course” (UNMSCSt1).

“Postgraduate programme in nursing has not been an easy task from my own experience” (UNMSCSt3).

Despite the students' general recognition of the fact that the programmes were challenging, some of the participants differed in their opinions, stating that the programmes were both challenging and rewarding.

“..... think that it has been fulfilling and rewarding. I have expanded my horizon of knowledge and added values to who I was” (UIPHDSt1).

“Interesting but challenging. Interesting in the sense that postgraduate nursing programme involves lots of critical thinking, critical analysis of events, issues and practices, and come out with the synthesis of ideas” (OAUMSCSt2).

Some of the lecturers also acknowledged the feelings of the students in relation to the challenging aspects, as could be seen in this statement from a lecturer drawing from experiences of her interaction with students during project supervision:

“Sometimes, the students may be having issues with their supervisors who they claim are hard to work with” (UNL1).

The challenges were attributed by students to issues such as lecturers' attitudes to their lecturing job and students, students working full-time and studying full-time simultaneously, the complex nature of the postgraduate programmes,

accommodation issues and delays in the programme completion period. These 5 categories will be discussed below.

6.1 Lecturers' attitudes

On the issue of the lecturers' attitudes, the students described the lecturers' behaviours using the following terms; being bossy, unfriendly, scary, negligent, and sometimes unavailable. The students' perceptions of the attitude of the lecturers is illustrated in the following comments:

"...the attitude of the lecturers themselves ...makes it a horrible experience that some students resort to withdrawing from the programme... Sometimes, the type of relationship that exists between the students and lecturers is horrible" (UNMS CSt3).

"...sometimes we disagree with the lecturers over some issues when they become so bossy; they give rules and expect us just to follow blindly. Most of the times, you may leave your workplace to attend lectures and the lecturer handling the module may not be there. To worsen the whole situation, the lecturer may not give any pre-information that he or she would not be available for the lecture" (UNMSCSt2).

Expanding on these experiences, one of the students narrated her experiences thus:

"we were still battling for lecturers for some courses. If [you] meet some lecturers, they would say, don't gossip with my name. If you meet Head of

Department, she would say “I have already assigned lecturers to handle the course”. You are then scared to meet lecturers again. For that reason, you may not want to have relational issues with anybody.

Lecturers were never there; when they come, they give assignments that they never gave time. People are never scored according to the quality of the work as if they did not go through the work and scored arbitrarily. I think it is more of attitudinal issues... I think our lecturers are not ready; they are not in a hurry to graduate those that would take over from them. They still want to retain their relevance by my feeling ...” (UNPHDSt1).

Some of the students expressed contrasting views on the attitudes of their lecturers, describing the lecturers as being friendly and considerate, and suggested reasons for this will be discussed in the discussion chapter.

For example:

“We arrange for lectures when convenient for lecturers and students; the relationship is very cordial”. OAUMSCSt3,

“Another one is combining studies with family life. I remember that I gave birth to a child in the course of the programme, but the lecturers showed understanding” (UIMSCSt1).

As can be seen from the above examples, each experience of students is different in relation to their lecturers and this may be due to organisational aspects of

programme delivery or to personal attributes of lecturers. This will be discussed further in chapter 7.

6.2 Working and studying simultaneously

A particular challenge affecting the student experience was identified as that of working full-time and studying full-time simultaneously. All three participant groups, students, lecturers and policymakers acknowledged that this is a major contributor to adverse experiences and to delays in completing the programme completion. During the interviews it became apparent that several of the students, especially the doctoral students, were working full time as lecturers in the same university where they were also studying. Other students were working full-time as nurses in hospitals, communities and other healthcare settings. Their experiences differed depending on their places of full-time work. The following comment indicates the challenge experienced by the students:

“My experiences as a lecturer and a student in this institution are very challenging. I am a full-time student, full-time worker, and I have a family with the attendant responsibilities. A postgraduate programme requires a thorough work that would benefit the public especially if you are in public health. This requires adequate funding, but [there is] no funding and no grants. As a lecturer and as a student, it is hectic. I have to prepare my note, teach, give assignments and exams, and mark in addition to full-time academic work. I deny myself sleep to meet up with the enormous demand” (OAUPHDStL2).

Commenting further on the challenge of working and studying at the same time, an M.Sc. student expressed the enormous demands of balancing work with studies thus:

“It has not been easy at all because we work and study on full-time bases at the same time. Balancing work and study are practically very demanding, especially as you have to sign attendance register at every lecture you attend and must have 75% attendance to qualify to write examinations. I am an example; I work full-time, and I am a full-time student.” (UNMSCSt1)

A lecturer, drawing from her interactions with the students on a one-on-one basis said:

“The one-on-one interactions are frequent. They come especially in the areas of research and other personal issues. The most common among their challenging experiences are the issues of combining work with their academics, the financial demands of the programme and the issue of deferments as a coping strategy” (UNL1).

One of the policy makers who also commented on the students’ experiences said:

“For the fact that all the postgraduate nursing students are practically into full-time work and full-time study, they find it difficult to finish their coursework and go to the field for their data collection and post-field submissions” (NMCN2).

This category clearly has implications for the future development of the programmes and funding of studies which will be explored further in the discussion chapter.

6.3 Complexity of postgraduate nursing programmes in Nigeria

The complex nature of the postgraduate nursing programme is evident in the responses of several postgraduate students during the interview. The first respondent, who attributed the programme's complexity to the volume of assignments and preparation for written examinations, stated:

“Postgraduate programme involves a lot of assignments and examinations which require extra time at home aside class work” (UNMSCSt3).

The second and third respondents pointed out that postgraduate programmes require abstract thinking and much reading, which are demanding regarding time.

“We have a curriculum that has spanned over time which demands a lot of abstract thinking and academic reading. For people coming for a postgraduate programme, they have other responsibilities from both their end and workplace that would not allow them to sit down and do rote learning.” (OAUPHDSStL1).

“A postgraduate programme requires a thorough work that would benefit the public, especially those in health. Our coursework is challenging because it is more of presentations and assignments.” (OAUPHDSStL 2).

6.4 Accommodation issues

The issue of accommodation for both classwork and residence was identified by students as a challenge. In Nigeria, some postgraduate students live very far from their schools, such that it takes between eight and fourteen hours to travel by road, and one and a half hours by air. The students make special arrangements with their workplaces to make use of accumulated bank holidays and off-duty days to allow

them uninterrupted time for concentration on their academic work. They seek to optimise this time for concentration by arranging permanent or temporary accommodation in the universities' halls of residence. Due to limited space, most of these students do not have anywhere to rest when they need to reside temporarily in school to attend lectures or do their assignments. Classroom spaces are also limited because the number of students admitted each year far exceeds the classroom facilities available in the universities. One of the students shared their experiences as follows:

“When we joined the programme, another challenge was that the classroom was not enough. The accommodation was also another issue. Many students, who wanted to live in the school, lived outside the school and coordination was difficult, I expected a decent accommodation but could not get any. I resorted to travelling from my place of work, and that was challenging” (UNMSCSt4).

Continuing on the subject of inadequate accommodation, another participant shared an experience similar to the previous participant's:

“One of my major challenges was the issue of accommodation. The first year I came here, the accommodation was not our right; it was by balloting. In that first year, I picked “yes”, and in my second year, I picked “no” and had to struggle outside for accommodation. It was a serious” (UNMSCSt9G).

6.5 Delay in programme completion

These challenging experiences often resulted in a delay in programme completion by both M.Sc. and PhD students. Master's and doctoral degree programmes are supposed to last for one year (MSc) and two and a half years (PhD) respectively, but some students spend up to seven years on MSc programmes, and eight years on PhD programmes. Comments from student interviewees reveal the extent of delay in programme completion. Three students shared their experiences as follows:

"I have spent more than a year and a half now and there some modules we have not even started; that will give you an idea of what the situation is like" (UNMSCSt2).

"Well, there is nothing to be proud of since one would start a programme of one year and end up with six to ten years. For instance, I spent five years in the M.Sc. while I know some people that have spent up to eight years" (UNMSCSt9G).

Another challenge was an undue delay I experienced in the course of the study. I did not graduate on time but after seven years" (UNMSCST11G).

Another student lamented their experiences in both their completed Master's degree programme and ongoing doctoral degree programme. They attributed the delay in completing their programme to the inherent problems of the department of nursing. Narrating their experiences, they state:

"I think you are asking to the right person. I enrolled in MSc Nursing programme in one of the universities in Nigeria in 2003. Presently, I am still on with PhD in nursing. Being a pioneer set in 2003, I saw it all. ... We started in 2003; 2004, 2005, we were still battling for lecturers for some courses. ... By

2006, we were able to finish courses from outside lectures [for] example, Philosophy of Education and statistics but that of nursing was a problem.... In 2007, seven dropped out of 12, and four continued. Three of us eventually graduated in 2008; one could not graduate with us, but I learnt that she graduated later. ... I read M.Sc. nursing education. That was my M.Sc. journey, and that was horrible (UNPHDSt1).

Another student acknowledged the delay in programme completion but attributed it to their personal issues.

“When I started doing my project, I had some delays, not necessarily because of lecturers but because of my own personal issues. There was a lack of interest and motivation” (UNMSCSt7).

Several factors influenced the challenging experiences and delay in the programme completion period of the students. These factors will be explored in the next Chapter,

Conclusion:

All participants, students, lecturers and policymakers acknowledged that students' experiences were challenging, however, some participants observed that the experiences were rewarding at the same time because they prepare the students to face the real world as experts. The challenges were attributed to the attitudes of the lecturers, and the complex nature of the postgraduate studies. Furthermore, the participants pointed out that the absence of a favourable learning environment and the fact that students combine their studies with full-time work contribute immensely

to delays in the programme completion period. The next chapter continues with the presentation of findings from the analysis of data generated for the study.

7. FACTORS INFLUENCING STUDENTS' EXPERIENCES WITH COMPLETION PERIOD

Introduction

The second research objective was to explore the factors influencing postgraduate nursing students' experiences with completion of postgraduate nursing programmes in Nigeria.

The questions that led to the exploration of these factors emerged as the students shared their experiences with the postgraduate programme. The questions that emerged were: what do you consider the core factors that influenced your experiences? What made the experiences exciting? What were your major challenges? The themes, sub-themes, and categories that emerged from the interview questions on these factors are shown in the flow diagram (figure 7.2) below. Some of the sub-themes and categories overlap with those discussed in Chapter 6, however they have been included here due to the different focus of this objective.

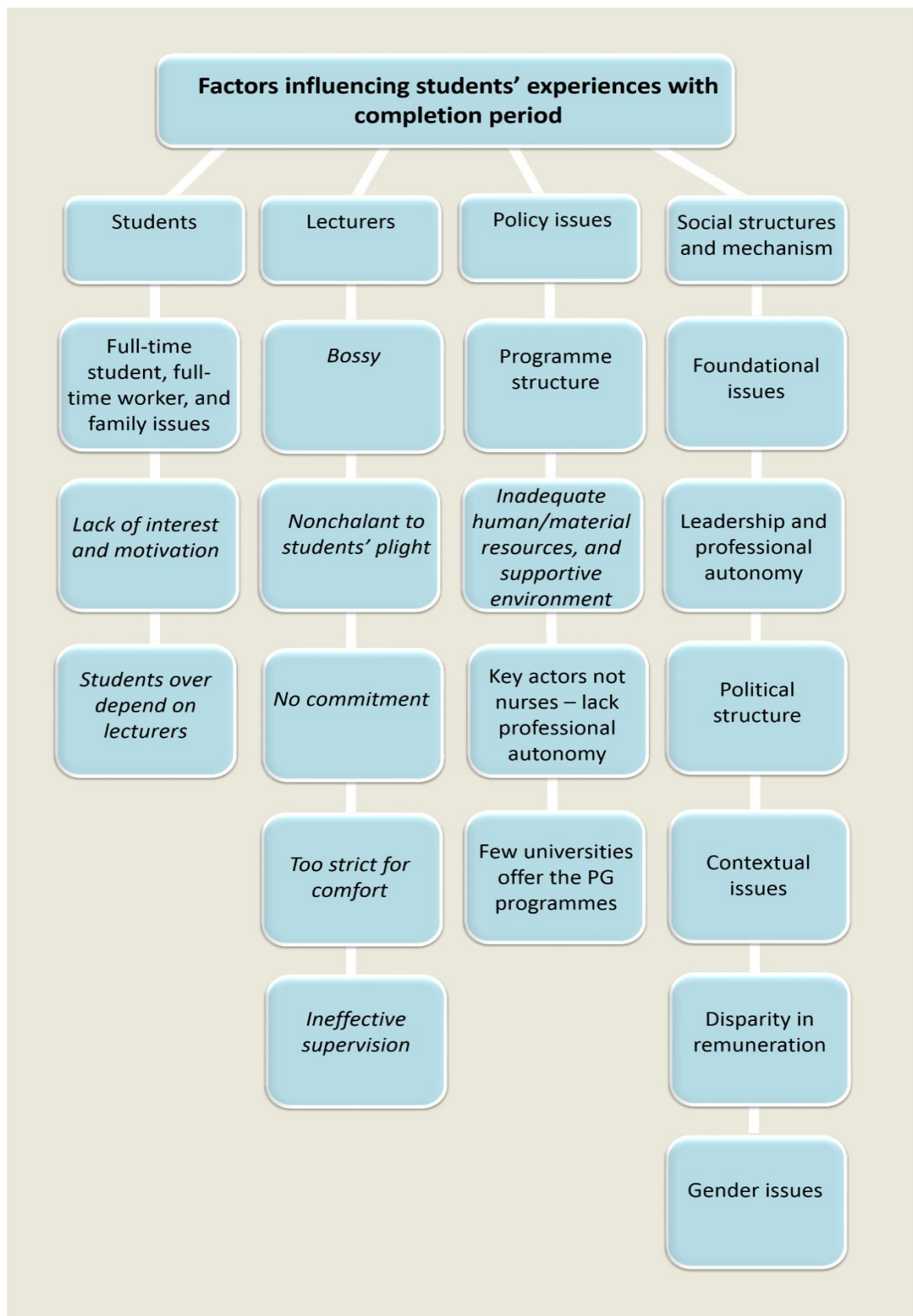


Figure 7.1: Factors influencing students' experiences with completion.

As shown in figure 7.1 above, four sub-themes and 18 categories emerged from the theme 'factors influencing students' experiences'. The sub-themes and categories were illustrated using flow charts as shown below. The four sub-themes are: students; lecturers; policy issues; social structures and mechanisms.

7.1 Factors relating to Students

The students attribute these factors from the interviews in relation to non or late completion: The postgraduate students work full-time and enrol for full-time studies already burdened with the demands of family responsibilities. These students depend solely on their lecturers for their academic progression. Their complete reliance on the lecturers, rather than self-studying, to tell them what they need to know to achieve a pass grade is attributable to the programme plan implementation methods used in Nigeria. The postgraduate programme plan and delivery approaches are not made available to students ahead of time (Agbedia 2012). When lecturers fail to tell students what to do next, the students wait indefinitely instead of self-studying to achieve a set goal. Furthermore, the students identified a lack of interest and motivation to pursue their studies as elements that prevented completion. These factors are illustrated in figure 7.1.

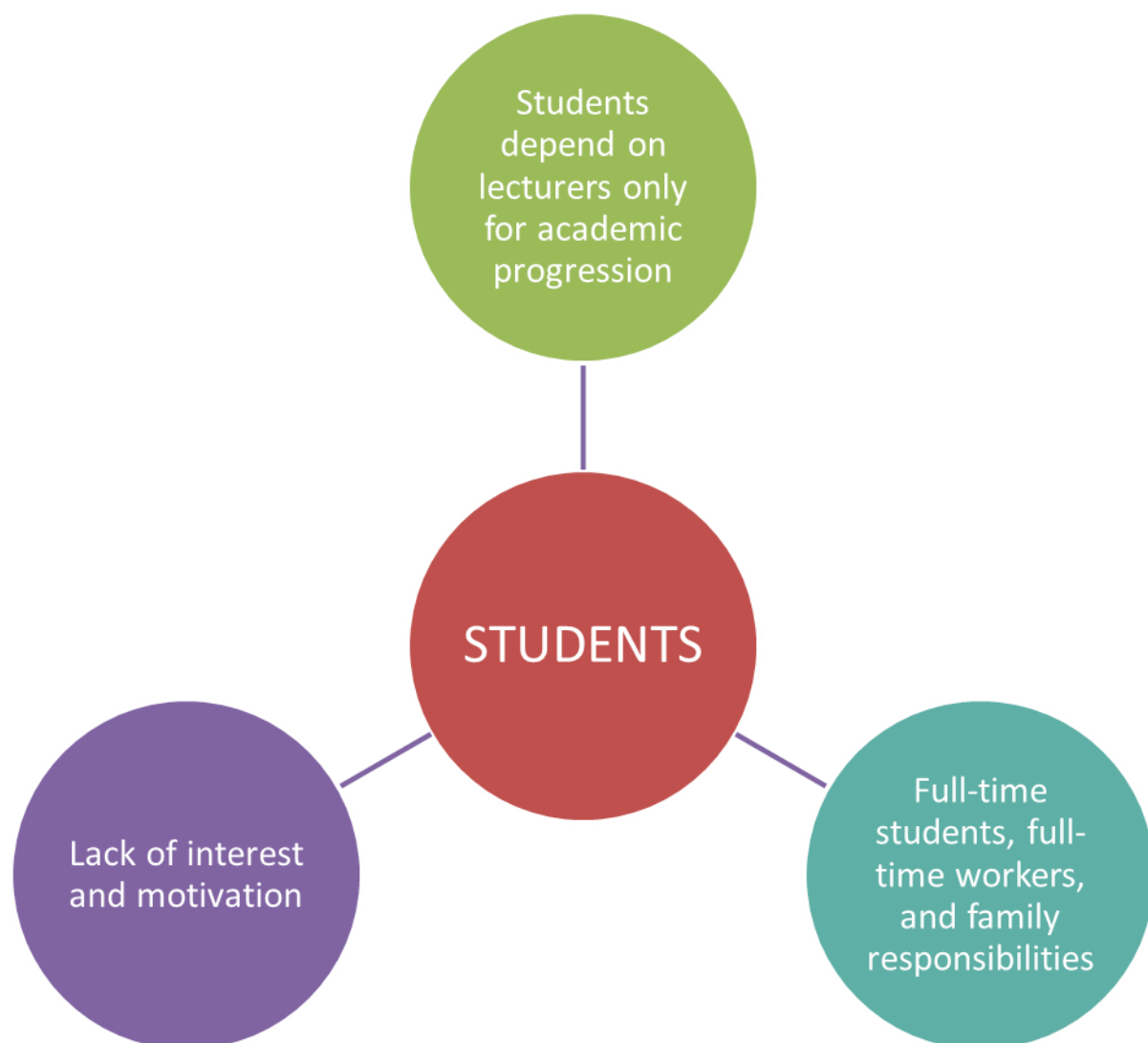


Figure 7.1: Factors influencing students' experiences

Most of the students work full-time and study full-time simultaneously. Their work schedules encroach on their academic programmes, especially as regards class attendance. The clash of work schedules with academic activities affects their academic performance, thereby leading to a delay in programme completion. One of the lecturers interviewed states:

“they are working and studying at the same time, and that encroaches into their academic programme making the issue of class attendance a strong challenge “(UNL1).

As adult learners, most of the students are married and have family responsibilities in addition to their academic and work pressures. The family responsibilities include ensuring the welfare of family members, raising children and, for female students, - going through the stress of pregnancy. One Master’s degree student interviewed said:

“Another one is combining studies with family life. I remember that I gave birth to a child in the course of the programme” (OAUMSCSt3).

Having a postgraduate degree in nursing in Nigeria is not a criterion for promotion, nor is it a qualification for any political appointment. There is no incentive or motivation to study for a higher degree in nursing and this combined with the other challenges of their situation tend to demoralise students who are pursuing their postgraduate programmes. Reflecting on the researcher’s observation during the one-on-one interviews, several interviewees were close to the retirement age of 60 years and still studying. Struggling to complete a programme that attracts no financial benefit seems to be discouraging to students. An M.Sc. student in the course of the interview said,

“The programme was held up by lots of assignments and seminars. I had some delays, not necessarily because of lecturers but because of my own personal issues. There was a lack of interest and motivation. I wonder what I

am reading for considering my age and time factor and the disturbance”
(UNMSCSt7).

The teaching method in the Nigerian universities encourages students to be over-dependent on lecturers for their academic progression. Details of module contents, course outlines and time plans are not made available to students, probably because lecturers prefer to go at their own pace and convenience (Ajibade 2012). Students seem to get stuck when lecturers are not available to perform their statutory lecturing roles. Sometimes, a lecturer might go on sabbatical leave without any prior arrangements having been made for someone else to take over his or her supervisee for the duration. Commenting on this situation, one student interviewed laments,

“...some are not even resident in the country, and that does not help at all.
On the part of the student, they ought to continue pushing if they have such
supervisors. They can contact another lecturer for assistance” (UNMSCSt10).

7.2 Factors relating to Lecturers

Apart from the factors explored by the students as discussed above, other factors that emerged from the data analysis were directly linked to the lecturers' approaches to the teaching and learning process, namely that the lecturers are bossy; they show no commitment to their teaching jobs; and they seem to be nonchalant or indifferent to the plight of the students. Also, they seem too strict for comfort, to the detriment of student's academic progression, and they use ineffective methods of student

supervision. Details of these lecturers' attitudes and behaviour are presented in figure 7.2 and discussed below.

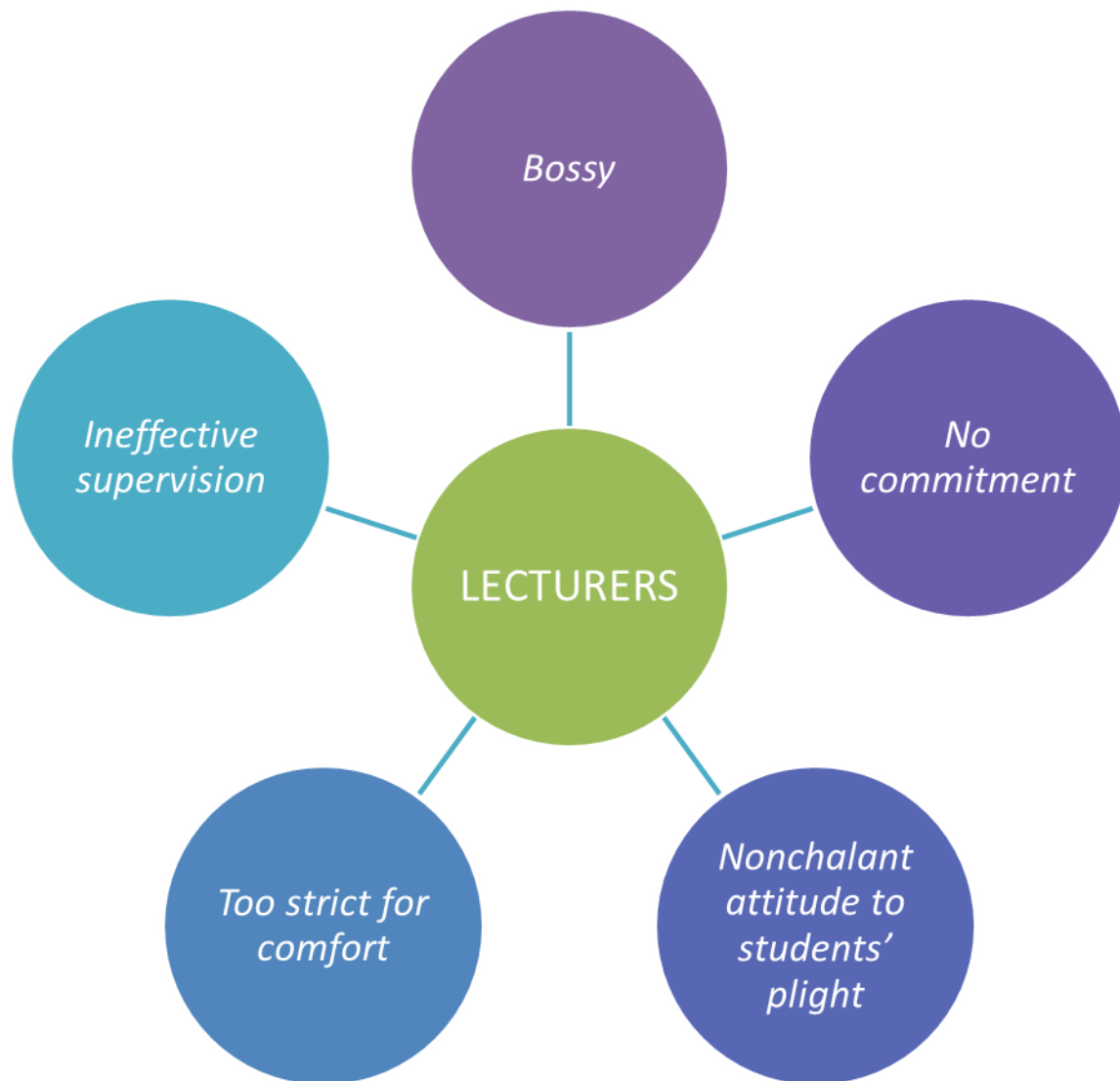


Figure 7.2: Characteristics of lecturers which influence students' experiences

Some postgraduate students interviewed believe that the lecturers are bossy and seem not to have any regard for the students irrespective of the students' ages and

positions in their places of work. They expressed their opinions about the lecturers' attitudes towards students thus:

" .. they give rules and expect us just to follow blindly (UNMSCSt2).

They look at students as if they are objects that could be treated anyhow irrespective of the students' positions in their places of work just because they have no choice. I believe that postgraduate programme is an adult programme where students should contribute to things like time-table plan putting into considerations the conveniences of both the students and lecturers (UNMSCSt 1)

It is expected that the Master's Degree programme should last for 12 calendar months, within which time the students should be able to finish both their coursework and dissertation. It appears, from the students' views, that the lecturers are not committed to meeting this target. One of the students interviewed said,

"I have spent more than a year and a half now and there some modules we have not even started....." (UNMSCSt2).

Moreover, another student interviewed commented on the nonchalant attitude of the lecturers to the students' plight; she states,

" Another challenge I can never forget is a course we ought to do in the first year which we did not do until after two years The lecturers never cared until we all dispersed to our various states" (UNMSCSt9G).

Although quality assurance and maintenance of standards in higher education institutions require strict adherence to the relevant institutional regulations and codes of practice, some measure of flexibility is required in the event of students having

extenuating circumstances (Honey 2004). From the responses of the students interviewed, it appears that there is no such flexibility in the programme, even in the event of extenuating circumstance, hence this student's response:

"They insist that students must have 75% attendance for them to qualify to write examinations" (UNMSCSt1).

It was also discovered in the data analysis that the supervision of students by the lecturers in the nursing departments in Nigeria was considered ineffective. This ineffectiveness may be attributed to inconsistencies in feedback given to students during project supervision. A Masters student comments:

"When you submit a topic, a lecturer would look at it and introduce irrelevancies. Later, he or she would ask you to do corrections which he or she would cancel again and would ask you to include things he or she rejected before....." (UNMSCSt5G).

7.3 Factors relating to policy issues

Five categories emerged from policy issues that influence students' experiences. These are identified as programme structure, inadequate human and material resources, the absence of professional autonomy in nursing, and the fact that few universities offer postgraduate nursing education in Nigeria. The categories are presented in a diagram (figure 7.3) with the sub-theme in the centre. Each category will be discussed with supporting excerpts from the one-on-one interviews with the study participants.

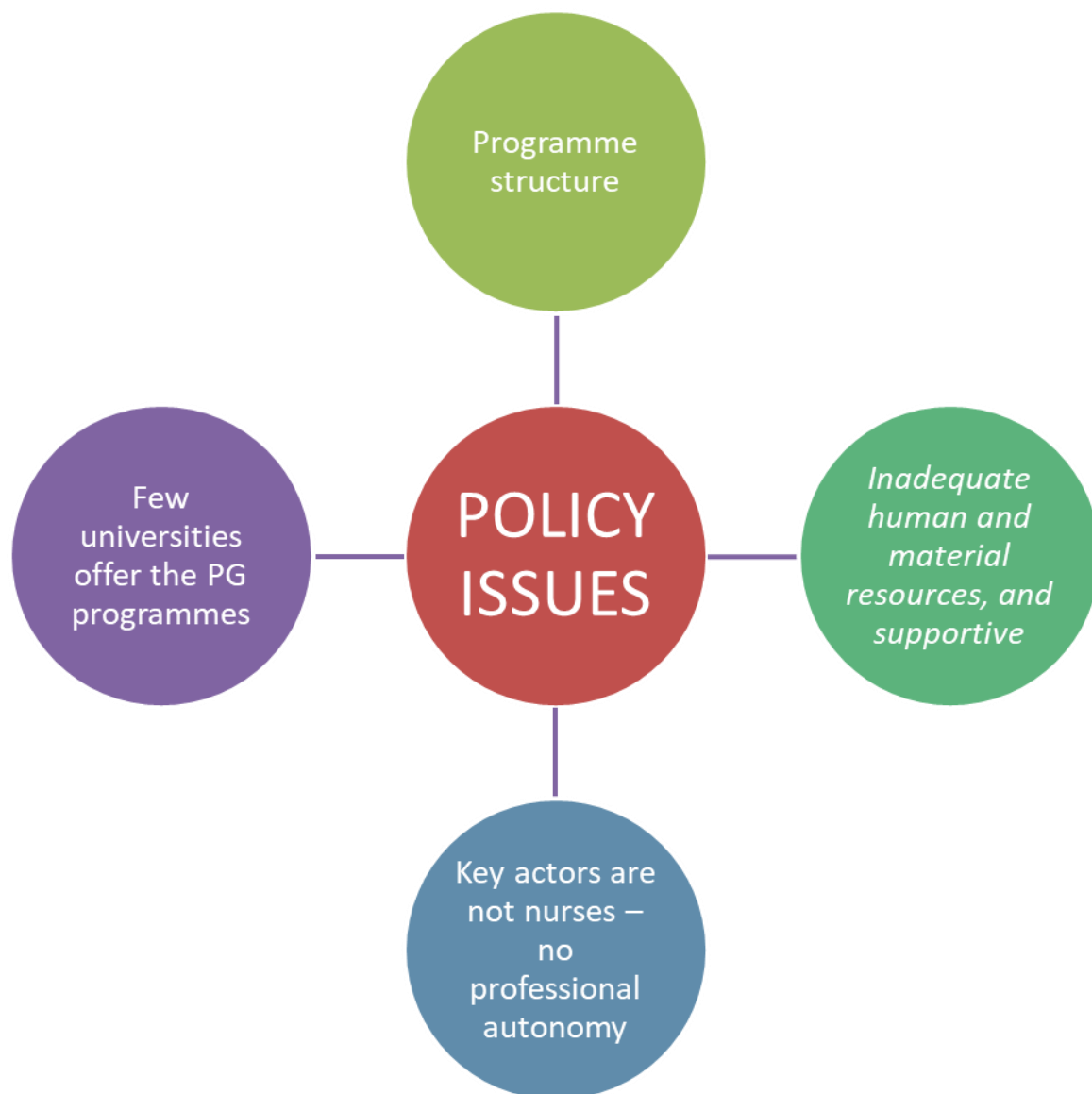


Figure 7.3: Policy issues influencing students' experiences.

In Nigerian universities, as explored in Chapters 2 and 3, context and background, the design of academic programme structure, provision of facilities, staffing, and the accreditation of academic programmes are the responsibility of education policymakers in collaboration with the relevant government approved professional bodies based in Nigeria, for example, the Nursing and Midwifery Council of Nigeria. From personal experience the postgraduate nursing programme structure in Nigeria seems complicated. The structure is such that the postgraduate students are

expected to do many modules (18) within one year for a Master's degree programme and 14 modules within two or three years for a doctoral programme. These excerpts from interviews, illustrate the point:

“We do up to twenty modules within 18 months, but some students spend up to seven or ten years in the programme because of the way it is run” (UNMSCSt1).

“There were so many assignments, and each was like a research on its own. That did not give us time to start our projects on time...” (UNMSCSt7).

The complexity of the programme structure is not just limited to the numerous modules; the specialities within programmes seem not to be well-defined to meet the candidates' needs.

“The specialities available are ambiguous so to say. We have Medical-surgical Nursing, Community Health Nursing, Psychiatric Nursing; some are interested in Maternal and Child Health, and some want to narrow down to Reproductive Health Nursing such as me, but the programme did not define such areas. Those that would have done MCH were asked to go Community Health, but I don't want community health, and so I moved to Medical-surgical Nursing (OAUMScst1).

Furthermore, there seems to be inconsistency between programme regulations and what is practised. The programme regulation recognises the distinction between full-time and part-time students, but no distinction is observed in practice as both full-time and part-time students study the same academic curriculum and take the same time to finish.

One of the doctoral students in their response states,

“ On the part of students, we registered as full-time students in principle, but in practice, it was not really full time” (OAUPHDStL3).

The physical environment (infrastructure and facilities, functioning library, good classrooms, good laboratories), and adequate staffing promote the smooth running of academic institutions. These resources seem to be lacking or inadequate in the Nigerian universities, hence the students' comments:

“.....Sometimes, students' results are not released until after 18 months that alone leads to delay as students who may need to re-sit a module may not know his or her fate until one year or two are gone. The librarians are not in the library most of the times, the books are obsolete, and there are no internet facilities in the library” (UNMSCSt2).

The decree establishing nursing as a professional body in Nigeria (the Nurses Ordinance of 1947) provides that the membership of the governing board should include a medical doctor (Koyejo 2008). It may be recalled from the earlier discussion in the literature review chapter that doctors statutorily head both the Federal and the State Ministries of Health in Nigeria. The nursing profession in Nigeria is accountable to the State and Federal Ministries of Health for formulating policies regulating the nursing profession. A member of the Nursing and Midwifery Council of Nigeria, recognising the implication of nurses not being in charge of their own profession, states:

“Like the proverbial saying, unless lions have their own historians, the history of the hunt would always glorify the hunters”. Unless nurses and nursing

profession produce their own products that are fit to withstand international competitiveness, we would remain appendages to other professions against our wish” (NMCNS1).

In other words, if nurses are not in charge of policy issues affecting them, the doctors who are in charge will always manipulate policy to favour themselves and their profession to the detriment of the nursing profession.

In the introductory chapter of this thesis, it was explained in detail that only three universities are the main providers of postgraduate nursing education in Nigeria. The universities are the University of Ibadan, the Obafemi Awolowo University, Ile-Ife, and the University of Nigeria, Nsukka. Other universities are still seeking full accreditation to enable them officially to commence. Three universities are too few to serve the postgraduate nursing education needs of 180 million Nigerians. One of the students in her response to the interview states,

“Postgraduate programme in nursing has not been an easy taskthis is because few universities offer the programme and many students wanted to further their education” (UNMSCSt3).

7.4 Factors including social structures and mechanisms

Critical realists believe that there are unobservable events (social structures and mechanisms) which cause the observable happenings (Maxwell 2012). From the data collected and analysed, the observable happenings (the challenging experiences of postgraduate nursing students, and the delays in their completing

their programmes) were caused, not only by observable factors but also by unobservable factors. As discussed earlier in this chapter, the observable sub-themes emerging from the theme “factors influencing students’ experiences” are students, lecturers, and policy issues; while the social structure and mechanisms are the unobservable sub-theme. Six categories emerged from these social structures and mechanisms viz: foundational issues, leadership and professional autonomy in nursing, political structure, contextual issues and social structure, the disparity in remuneration between nurse lecturers and clinical nurses, and gender issues. These issues are presented in figure 7.3 and subsequently expounded in the discussion below.

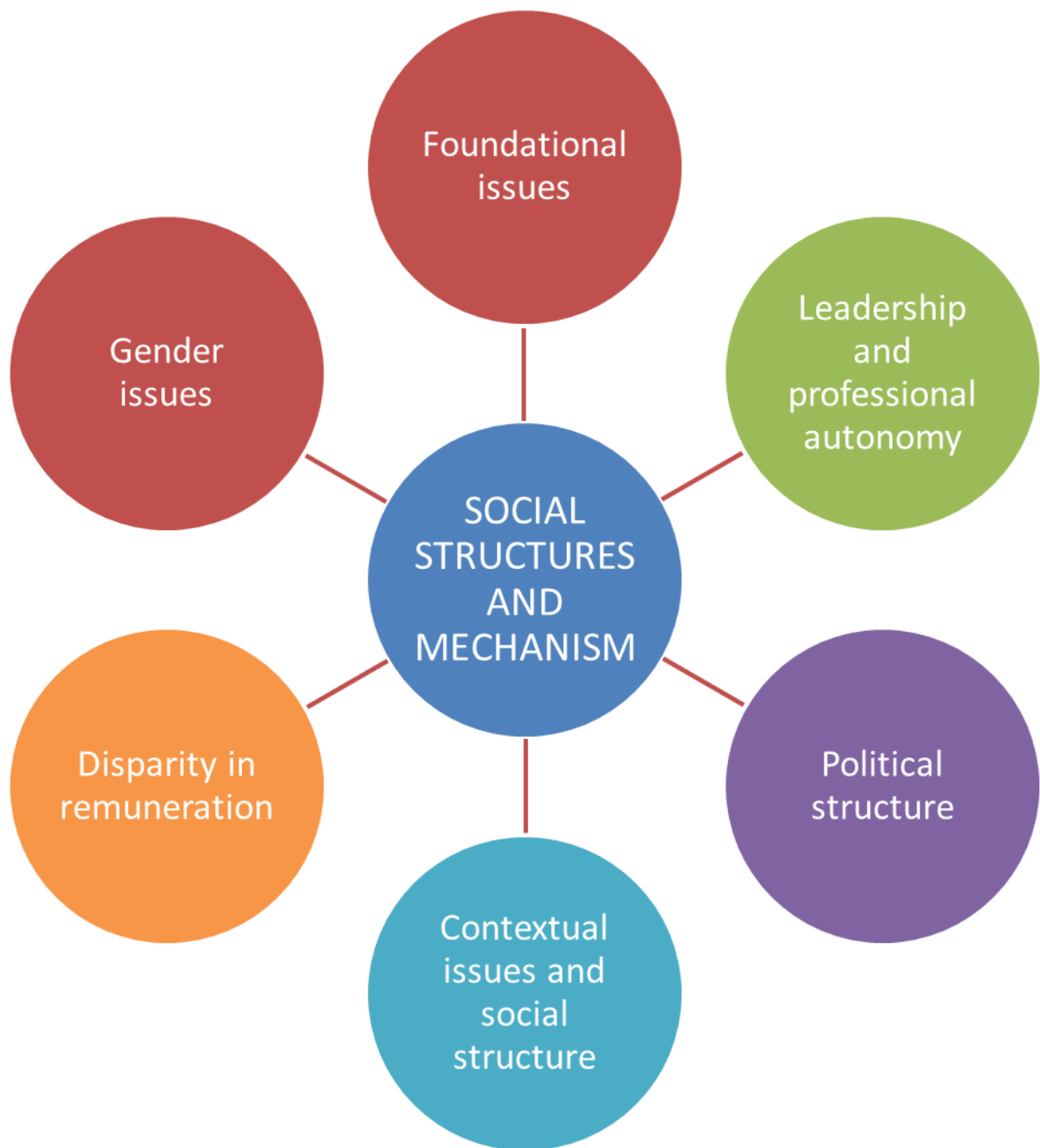


Figure 7.4: Social structures and mechanisms influencing students' experiences

Postgraduate nursing education started in Nigeria with nurses who had no mentors or guidance on educational programme planning and design. Although the nurses that designed the programme have doctoral degrees in nursing, their backgrounds were not in nursing education. In an extract from an interview with a member of

Nursing and Midwifery Council of Nigeria, they pointed out the challenge for the foundation members

“..... we have started actually, but the problem we had was that the first people that started it didn't have mentors to give them what they really needed to start the postgraduate nursing programme” (NMCNS2).

This lack of mentorship from the onset probable reflected the leadership structure of the Nursing profession. It could also be inferred from the earlier discussion that the leadership structure of the Nursing and Midwifery Council of Nigeria is an effect of the profession's impaired autonomy. This can also be inferred from the responses of a doctoral degree student who also doubles as a nurse lecturer and a member of the Nursing and Midwifery Council of Nigeria:

“Nursing Council has administration issues; no clear policy on what postgraduate nursing programme is all about. Many people view the postgraduate programme in a different perspective, and they go about it the way they feel about it” (UIPHDLSt1).

Many staff members of the universities in Nigeria, including those in the departments of nursing, got employment through the recommendation of politicians. Monitoring such staff members is difficult because of fear and power relational issues with political office holders. The effect of such power relational issues is that such employees can behave as they see fit without being held to account, to the detriment of the students. In line with the power relational issues, one of the doctoral degree students remarks,

“Moreover, there is no monitoring framework on the ground; ...even if it is attempted, the issue of relationship problem over-rides.

A doctoral student's responses in the course of the one-on-one interview brought out clearly the effects of these social structures and mechanisms that are inherent in the Nigerian social system. In her responses, she states,

“A lot of issues which may not be rooted in the department but Nigerian situation. Issues affecting Nigeria affect the department as well. A lot of Nigerian schools do not have access to internet facilities. Currently, there is strike action, and that affects the academic programme” (UNPHDSt1).

In the analysis and presentation of the policy issues influencing students' experience, a key category that emerged was the challenge of poor staffing, notwithstanding the fact that there are qualified nurses in the clinical areas to fill in the lecturing vacancies in the various university departments of nursing. These qualified nurses are reluctant to leave the clinical setting because of the wide gap between clinical nurses' salaries and nurse lecturers' salaries. One of the graduated postgraduate nursing students states,

“ there are many people in the clinical area that need teaching job, they should be employed to lecture. The lecturers' salaries should be improved because there is a disparity between clinical nurses' salaries and the nurse-lecturers' salaries and that makes the clinical nurses reluctant to leave the clinical areas” (UNMSCSt8G).

Nursing in Nigeria is a female-dominated profession. Drawing from the researcher's experience as a male nurse from Nigeria, the ratio of male to female in any nursing institution is estimated at 1:10. How the female dominance influences the students' experiences is another research topic. However, a male postgraduate interviewed states:

“.....I am the only male in my set. Sometimes, I want to discuss with a fellow man, but none will be available” (OAUMSCSt2).

Reflecting on the behaviour of the male student in the course of the interview, he was very reserved about this particular response. The researcher could remember that when the male student was probed further on how female dominance affects students' experience, he chose not to discuss further, but rather said that the researcher is a male nurse and should understand the details of what he meant.

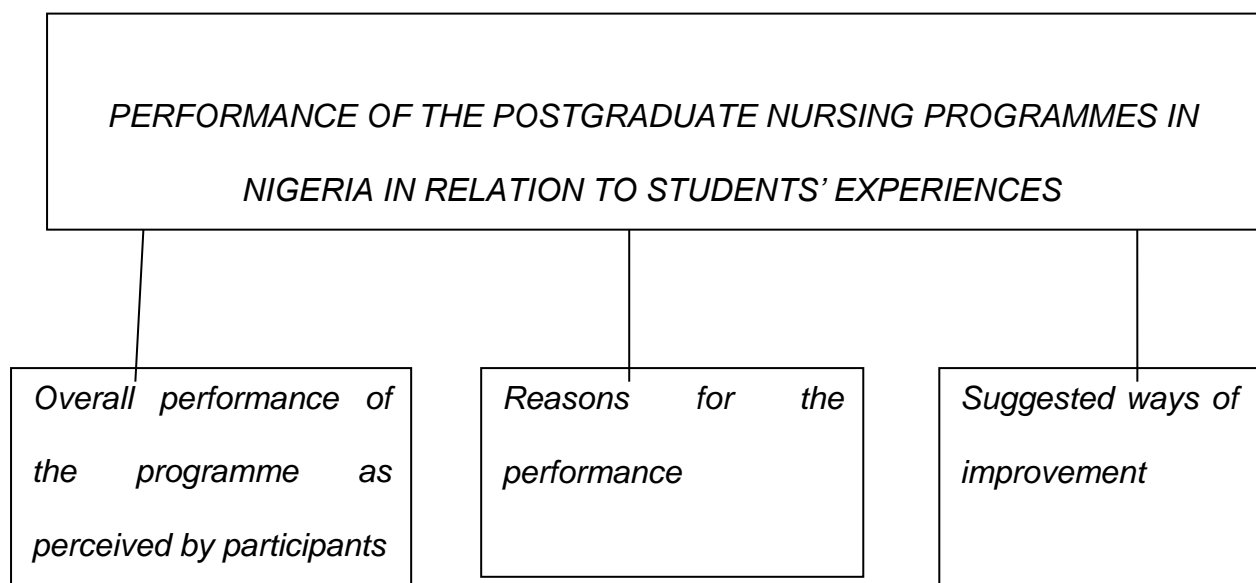
Conclusion: In summary, this chapter discusses the factors that influence students' experience through the postgraduate programmes. From the participants' opinions, students, lecturers, policymakers as well as social structures and mechanisms together contribute to the student's experiences. How they influence the students' experiences was demonstrated with excerpts from the participants' responses. The next chapter concludes the presentation of findings from the data analysis by exploring the participants' assessment of the performance of the postgraduate nursing programme in relation to postgraduate students' experiences.

8. THE PARTICIPANTS' ASSESSMENT OF THE PERFORMANCE OF THE POSTGRADUATE NURSING PROGRAMME IN NIGERIA IN RELATION TO STUDENTS' EXPERIENCES - FINDINGS.

Introduction

This chapter presents the findings of the participants' assessments of the overall delivery and performance of postgraduate nursing education programmes in Nigeria to date in relation to the students' experiences. The emerging theme and sub-themes from this third objective include the overall performance of the postgraduate nursing programme, the performance of the postgraduate nursing programme as perceived by the participants, reasons for the performance and the ways to improve it as suggested by the participants (See Figure 8.1). In terms of data collection, participants were asked to rate against a scale their views of overall delivery and performance of postgraduate programmes of nursing. This is presented along with data from the qualitative interviews.

8.1 Participants' assessment of the PG programme



The tables 8.1 a and b below show the grading given by participants using the rating scale of one to ten, where one is the lowest performance and ten the highest performance.

Table 8.1a: Overall performance rating of the programme as perceived by the students.

<i>Serial number</i>	<i>Status</i>	<i>Rating</i>
1	M.Sc.	5
2	M.Sc.	7.5
3	M.Sc.	4
4	M.Sc.	3
5	M.Sc.	5
6	PhD	8
7	M.Sc.	7
8	PhD	5
9	M.Sc.	5
10	M.Sc.	5
11	M.Sc.	0
12	PhD	1
13	M.Sc.	3
14	PhD	7
15	PhD	7.5
16	M.Sc.	4.5
17	M.Sc.	6
18	PhD	6
19	PhD	5
20	M.Sc.	5
21	M.Sc.	8

Table 8.1b: Overall performance rating of the programme as perceived by the academic, NUC and NMCN staff.

<i>Serial number</i>	<i>Status</i>	<i>Rating</i>
1	NUCN	5
2	Lecturer	6
3	NUCN	7
4	NMCN	8
5	NMCN	8
6	NUC	No comment
7	Lecturer	7.5
8	Lecturer	1
9	Lecturer	7
10	Lecturer	8
11	Lecturer	5
12	Lecturer	6

The data in table 8.1 above was converted into a bar chart (see figures 8.1a and b) to illustrate the breakdown of the participants' ratings of the postgraduate nursing programme. The overall performance of the programme, by the participants' assessment, is slightly above the average rating which is 5, with a mean value of 5.21 and standard deviation of 2.21. Although a comprehensive umbrella assessment of the programme performance is not possible in qualitative studies, the finding from the baseline quantitative data, however, gives a picture of the students', lecturers', and policymakers' perspectives of the postgraduate nursing programme's performance.

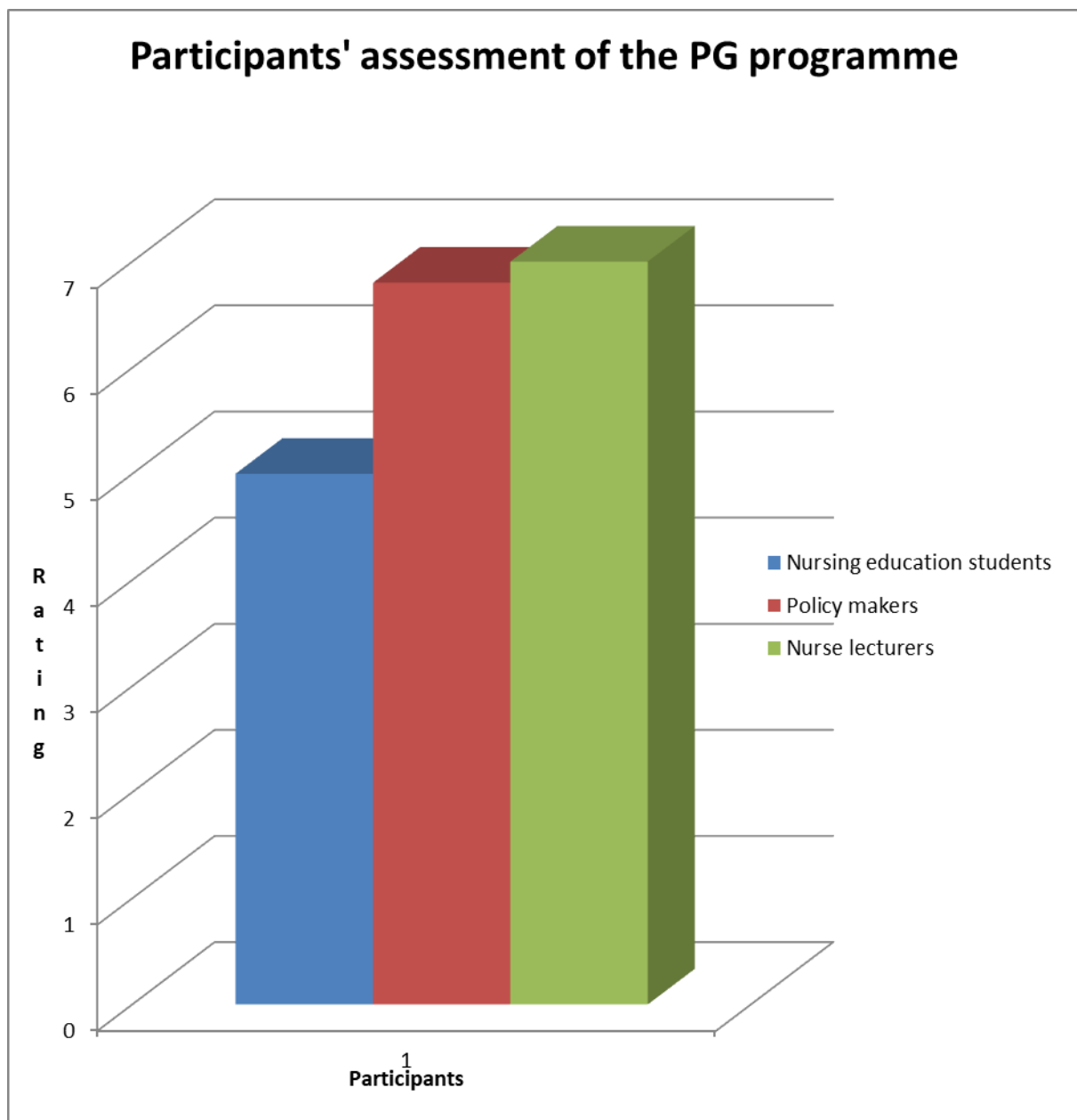


Figure 8.1 showing the participants' assessment of the postgraduate nursing programme in Nigeria.

The different participants (students, lecturers and policymakers) had different ratings for the performance of the postgraduate nursing programme. Figure 8.1 above illustrates the mean value of the assessments of the postgraduate nursing programme by each group; the mean value for the students was 4.8, the lecturers'

mean value was 6.8, and the mean value of the policymakers' rating was 7. A careful observation of the ratings of the three groups shows that there were wide gaps (1.2 and 2) between the students' rating and the ratings of the lecturers and the policymakers; while the gap (0.2) between the rating of the lecturers and that of the policy makes is very narrow. This will be discussed in depth in the next chapter, however, it is interesting that the consumers' (students') view is much less positive than that of the two other groups. Similar data was collated for the topic of completion rates against time (Table 8.2) below.

Table 8.2 showing Year of course completion or withdrawal from the programme

S/N	University code	Mode of study	Class	Start year	Year of completion or withdrawal	Total number of years
1	001	Full-time	M.Sc.	2012	In progress	4
2	001	Part-time	PhD	2006	In progress	10
3	001	Full-time	M.Sc.	2014	In progress	2
4	001	Full-time	M.Sc.	2006	Completed 2014	8
5	001	Full-time	M.Sc.	2010	Completed 2015	5
6	001	Part-time	M.Sc.	2006	Completed 2014	8
7	001	Part-time	M.Sc.	2008	Completed 2015	7
8	001	Part-time	PhD	2008	In progress	8
9	001	Full-time	M.Sc.	2010	Completed 2016	6
10	002	Full-time	PhD	2013	In progress	3
11	002	Part-time	PhD	2014	In progress	2
12	002	Full-time	M.Sc.	2013	In progress	3
13	003	Full-time	PhD	2014	In progress	2
14	003	Full-time	PhD	2014	In progress	2
15	003	Full-time	PhD	2014	In progress	2
16	003	Full-time	M.Sc.	2014	In progress	2
17	003	Full-time	M.Sc.	2014	In progress	2
18	003	Full-time	M.Sc.	2014	In progress	2
19	002	Full-time	M.Sc.	2013	In progress	3
20	001	Full-time	M.Sc.	2009	Withdrew 2012	3

21	003	Full-time	M.Sc.	2002	Withdrew 2005	3
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From Table 8.2 above, both the Master's students and the doctoral students interviewed had spent between two and ten years in their programmes. The average number of years spent by both the Masters and Doctoral degree students are 4.3 and 4.14 respectively. The respective standard deviation of the years spent is 2.17 and 3.14. The standard deviation provides some idea about the distribution of scores around the mean (average). The smaller the standard deviation, the narrower the range between the lowest and highest scores or, more generally, that the scores cluster closer to the average score thus showing the degree of agreement among the years the students spent. It was not possible to estimate the actual students' completion and attrition rates from these data in table 8.2 because some of the students who had withdrawn their studentships still expressed an intention to return to their studies in the future.

8.2 Reasons for the performance of the postgraduate nursing programme

The participants expressed varied opinions on the reasons for the slightly above average evaluations of the performance of the postgraduate nursing programmes in Nigeria as shown in the programme performance rating presented earlier in this chapter. The reasons include the quality of teaching and experiences from exposure to workshops, seminar presentations and fieldwork. One of the doctoral students interviewed states,

"the quality of teaching, research instruction and exposure. I have witnessed series of workshops, seminars, pre and post-field defences. By the time you listen to these, it helps you add value and makes you better than you were" (UIPHDSt1).

The personal experiences of the participants influenced their perceptions of the performance of the postgraduate programmes. While some empathised with the lecturers and attributed the average performance of the programmes to lecturers' attitudes, others explained the performance rating by identifying students' behaviour as the issue, along with the policymakers who coordinate the programmes' structure, learning environment, and implementation. Two quotes from student interviewees illustrate this:

"I told you that the interactions are cordial; the lecturers treat us like colleagues. There is nothing like a master-student relationship. In the area of lecture, that is okay. You don't expect them to spoon-feed us. They come to class, introduce the topic, give us an assignment, and come to present them. They more of guide us, they come to class when the need arises" (UIMSCSt1).

"As a matter of fact, the lectures were sound, and lecturers come to class. The programme was held up by lots of assignments and seminars. When I started doing my project, I had some delays, not necessarily because of lecturers but because of my own personal issues. There was lack of interest and motivation". (UNMSCSt7).

Another area identified as one of the good practices that boosted the performance of the postgraduate programmes is the thorough process of candidate selection. Screening of candidates is done to ensure that they are able to meet the demands of masters and doctoral programme work. Furthermore, it helps to ensure that student numbers are not so large that there is not adequate support from the lecturers, thus contributing to a positive view of programme delivery. Teamwork among staff members and students, and the mentor-mentee relationship were also pointed out

as good practices which added to the positive aspects of the postgraduate nursing programme performances. Two of the doctoral students, who are also doubling as lecturers in one of the Nursing Departments, said,

“They take the best candidates through weeding tests where they test for cognitive abilities. Graduating with first class or 2.1 ^{are} not criteria alone. For a year now, they have not admitted allowing them to manage what they have” (OAUPHDS₁).

Teamwork among staff and student. Moreover, the support we get from the mentor-mentee relationship, and we have a common goal of building the department together” (OAUPHDS₂).

Reflecting on the researcher’s observation during the one-on-one interview process, none of the three universities visited had a sufficient number of academic employees. The academic staff members were quite limited for the number of students on the postgraduate nursing programmes. However, some of the students seemed not to understand the limitation in the size of the academic workforce. One of the students interviewed stated that a department which has one professor, two readers and three doctoral degree holders has a good number of academic staff members. In his response to the interview questions, he said,

“Faculty wise resources, they are good. They have qualified lecturers; 1 prof, two readers and three other PhD holders. For me, I think it is good to start. One way or the other, we learn from their mentoring roles and modelling. They are role models even when they are not speaking. The only issue is that they don’t have [an] organised calendar: for instance, the school is closed now because of a little issue with the cultural festival; the academic flow is interrupted.” (OAUMSCS₂).

Apart from the influence of the students' and lecturers' commitment to the teaching-learning process, candidate selection process, and student-lecturer relationship, the perceived unhealthy power relations that exist among the lecturers also plays a significant role in delaying students' academic progression. The issues of power among lecturers are manifested in lecturers making negative verbal comments openly during students' proposal and post-field defences with direct reference to the project supervisors. These negative comments influence the decision of the assessors on whether a student should progress or repeat the defence. A Master's degree student pointed out this fact by saying,

"The dwindling performance can be blamed on both the lecturers and students; the lecturers do not encourage the students. That could be done by monitoring and providing a guide for that person. Students get more dissatisfied when it comes to dissertation; lecturers do not give enough support. Some lecturers are not always available. During defences, the lecturers attack themselves, and that does not encourage the students. Sometimes, a student may start earnestly and all of a sudden, the supervisor disappears. It takes time for such student to start again once switch-off by such attitudes" (UNMSCSt10).

Strengthening the comments about power relation issues, a doctoral degree student also picked on the issue of power relations but from the perspective of effective staff and programme monitoring and evaluation. She said,

"Moreover, there is no monitoring framework on the ground; it is not possible to monitor the activities. Even [if] it is attempted, the issue of relationship problem over-rides." (UNPHDSt1).

The ambiguity of the contents of the programme was another area that negatively influenced the participants', especially the students', assessments of the postgraduate nursing programmes. The programmes' ambiguity may have stemmed from their structure. The programme contents can be restricted and as such, leaves a candidate with a narrow range of choice regarding speciality areas. When a candidate chooses an area that does not capture his or her interest as a result of the narrow range of choices, they will lack the necessary drive and motivation to progress as expected. One of the Master's degree students pointed this out:

"The specialities available are ambiguous so to say. We have med-surg, community health, psychiatry; some are interested in MCH, and some want to narrow down to reproductive health like me, but the programme did not define such areas. Those that would have done MCH were asked to go community health, but I don't want community, and so I moved to Med-surg. This one is so broad. It houses gastroenterology, paediatrics, etc. We still need well-defined speciality so that one can go for what one wants" (OAUMSCSt1).

The varying perspectives of the participants', especially the students', assessments depict the individuality of the students' experiences within and across the three universities where data were collected.

8.3 Participants' suggestions for improvement

The areas for improvement as suggested by the study participants are closely linked to their reasons for the average performance of the postgraduate programme in Nigeria. The areas suggested include the student-lecturer relationship, student support, curriculum review, and workforce development. Other areas of improvement

suggested by the participants are infrastructural development, effective programme implementation and monitoring, and a review of nurse lecturers' salaries to put them on par with those of clinical nurse practitioners.

8.3.1 Student-lecturer relationship and student support

Regarding the student-lecturer relationship and student support, a Master's degree student suggests,

"I would be glad if the hurdles discussed earlier should be removed, and there is an improved relationship between students and lecturers. Supervision and mentoring of students should be constructive and not destructive. Supportive electronic gadgets, internet access, e-library and supportive learning environment should be in place" (UNMSCSt1).

From the participants' suggestions, it is obvious that the issue of student-lecturer relationships plays a significant role in effective student motivation and project supervision. These are clear from the suggestions of two of the participants, a Master's student and a doctoral degree student who is also a lecturer in the nursing department:

"I want to see more, more, more, I don't know how to put it [got stuck] ... more effective student supervision where supervisors and supervisees would relate like partners involved in achieving a common cause. It is not like a superior-inferior relationship. The supervisor should see the student's work as his or hers and not being alienated from it. That will help the programme to move, and students graduate as expected" (UIPHDLSt1).

Participants suggest that student support, as an area for improvement, includes motivating students to start their dissertations or thesis on time. The progress of the

students needs to be monitored through regular supervision meetings and periodic assessments. Effective student support should take place in a friendly environment that encourages the free flow of communication. Two of the participants suggest:

“The area of project supervision; supervision should start early. Students should be encouraged to start as early as the programme starts. Students need to be motivated, followed up and instructions enforced but softly” (UNMSCSt5).

“The students should not be scared of their supervisors. The relationship is poor because you cannot communicate with your supervisors. You stay with your problem because if you think of meeting with your supervisor, you start fidgeting and sweating because you are scared. From what I have read and heard, I learnt that there is a good relationship between students and their supervisors abroad such as UK, USA, etc. The lecturers even look for their supervisees. In Nigeria, we are still far from there” (OAUMSCSt2).

8.3.2 Review of programme structure, curriculum content and programme implementation approach

A good number of the participants suggested curricula review as an area of improvement. One Master’s degree student felt that the whole postgraduate programme needs to be reviewed.

“Yes, I do (smiling.) the whole programme of course beginning with curriculum review, employing more lecturers, improving the current situation of the library and providing internet facilities to help students do quality dissertations and theses at a faster rate” (UNMSCSt2).

Two doctoral degree students from different universities pointed out that the aspect of the curriculum that needs improvement is the curriculum content. They suggested

an expansion of the curriculum to give students a wider range of experiences and choices of areas of speciality. They state:

“[Silence]... changes I will expect to see? Yah [silence] I discovered that here, we do more of intervention studies and has to do with nurses giving teachings, education and interventions in the clinical settings. I would expect diversification into grey areas like theory development etc..... not only intervention and clinical research” (UIPHDSt1).

“I would appreciate where PhD programme is not only for lecturing. The room should be made for those in the clinical, community and leadership. PhD is not only for lecturers; let such programmes as professional doctorate be commenced” (OAUPHDStL1).

Further suggestion on curriculum review focussed on the area of clarity of curriculum content. Well-defined module content helps students prepare themselves ahead of time for what to expect.

We have med-surg, community health, psychiatry; some are interested in MCH, and some want to narrow down to reproductive health like me, but the programme did not define such areas” (OAUMSCSt1).

Effective curriculum design includes a well-structured time plan. It appears that the postgraduate nursing curriculum lacks effective scheduling, hence a participants' suggestion:

“The programme should be well structured; students should know when they are starting and when they are finishing. For now, we do not have a specific time for anything. Lecturers come anytime they like and do anything they want. Students spend three years doing coursework” (UNMSCStG4).

Another student suggested an improvement in constructively aligning the curriculum with the learning environment and the curriculum objectives. She says,

“I want to see proper planning that would consider the available resources than multiple specialities without resources. It is not about the certificate, but quality based on effective planning, monitoring and evaluation” (UNPHDSt1).

Curriculum design did not appear to take into consideration the differences between Masters and Doctoral degree programmes. A doctoral degree student expressed dissatisfaction with having the same class and sitting the same examination as the Master’s degree students. She, therefore, opines,

“The teaching method should be improved; M.Sc. students and PhD have coursework for a session. PhD should be more of independent study and research and self-development and not waste time on writing exams and assignment” (OAUPHDStL3).

8.3.3 Workforce development

Workforce development through government sponsorships, personal development, and international collaboration with foreign universities were other areas for improvement highlighted by participants. Responding to the interview question on areas for improvement, one of the lecturers interviewed suggested excitedly:

“(Smiling) yes, of course, on my return, I would be glad to see more professors in the six areas of speciality in the postgraduate programme in my department, at least, two per speciality making a total of 12 professors. I would also be glad to see e-facilities in the library and classroom. I would like to see an improvement in the knowledge base of the lecturers especially in the area of systematic literature review and more accessible publications from Nigerian authors in both local and international journals. I would like to see more collaboration with foreign universities and authors; these things would

make a whole lot of changes in the postgraduate nursing programme in my department” (UNL1).

Several other participants from policy, lecturing and student participants expressed similar views;

“I would be glad to see an adequate or near-adequate number of lecturers because they are the ones that impart knowledge. This is an era of e-learning (five seconds silence because of a knock at the office door) ...I would appreciate an enabling environment that would accommodate such e-learning facilities and stable internet connectivity” (NMCN S1).

“Having more PhD holders in the department, the department becoming a Faculty of Nursing Science, my colleagues having international collaboration” (OAUPHDS1L2).

“I expected they have more lecturers in addition to what they have even though I said they have enough. They have only one prof; they should have more. They should have more hostels. They should improve technologically in terms of teaching aids, internet, etc.” (UNMSCStG4).

8.3.4 Infrastructural development

Infrastructural development refers to buildings, classrooms, office accommodations, spaces for libraries, the furnishings of both the offices and the classrooms, and stocking of the libraries with current books. Three of the participants interviewed suggested improvements in those areas, as follows:

“On the area of infrastructure, the classrooms should have not only fans but air-conditioners for classrooms and lecturers’ offices” (UNMSCSt3).

“[Silence] for now, I am okay with lecture and programme structure, but the environment, example the class is not good, no protection in the class as it is not locked, seats can tear clothes, no air-conditioner, we need computers and internet facilities. I would expect changes in those areas” (UIMSCSt1).

“There should be a change in the method of delivering lectures, not chalkboard. The multi-media system should be taught and used so that products of the programme would fit in properly in any part of the world. The analogue type cannot help any longer” (UNMSCStG3)

“..... provision of internet facilities and proper equipment of the library” (UNMSCSt5).

8.3.5 Review of nurse lecturers’ salary structure

Although there is a dearth of suitably qualified staff to take up teaching appointments in the departments of nursing in Nigeria, the participants revealed, as discussed earlier in this chapter, that there are some nurses in the clinical area who have the prerequisite qualifications for teaching jobs. Although this category of nurses does desire to enter teaching jobs, they are reluctant to leave their clinical nursing jobs which give them higher pay than a teaching job would provide. One of the Master’s degree students who has completed her programme suggests:

“I would like to see students graduating as planned (18 months for M.Sc. and 30 months for PhD students). There are many people in the clinical area that need teaching job[s]; they should be employed to lecture. The lecturers’ salaries should be improved because there is a disparity between clinical nurses’ salaries and the nurse-lecturers’ salaries and that makes the clinical nurses reluctant to leave the clinical areas. (UNMSCStG3).

Putting nurse lecturers’ salaries on a par with those of clinical nurses would encourage clinical nurses with prerequisite teaching qualifications to switch over to

lecturing. The transfer would greatly improve the workforce in the departments of nursing in the Nigerian universities.

Building international partnerships with foreign universities

Some of the postgraduate students, especially those at doctoral levels, suggested a need for local and international partnerships across universities. One shared her rewarding experience with a partnership that involved three Nigerian universities and six other African countries thus:

“For instance, the fellowship I am into is called “CARTA (Consortium for Advanced Training in Research in Africa)”. There are nine universities in the programme including Obafemi Awolowo University, University of Ibadan and University of Nigeria Nsukka. This gives me the opportunity to compete with people in other universities in Sub-Sahara Africa” (OAUPHDStL2).

The second who benefited from a partnership and collaboration between his university and a European country said:

“I noticed from experience in Finland that there is collaboration among the PhD students within the country. This is also practised in the western world where there are good policies not based on trial and error. There should be research plan of every department as I saw in Finland, where student’s project is based on the ongoing programme in the department”. (OAUPHDStL3).

Incidentally, both students are from the university that commenced the first postgraduate nursing programmes in Nigeria and is still considered to be at the head of the field to date.

Conclusion:

This chapter presented the findings on the participants' assessments of the performance of the postgraduate programmes in Nigeria. The emerging theme and sub-themes are the overall performance of the postgraduate nursing programme, the performance of the postgraduate nursing programme as perceived by the participants, reasons for the performance and the ways to make improvements as suggested by the participants. In the participants' perception, the programme performance is slightly above average, with the mean value and standard deviation of 5.21 and 2.21 respectively. The slightly above average performance was attributed to the quality of teaching, students and lecturers' commitment, and the quality of the learning environment. The respondents suggested improvements in the areas of workforce development, infrastructural development, programme structural review and international partnerships. In the next chapter, the findings from the data analysis will be extensively discussed.

9. DISCUSSION OF FINDINGS

Introduction

This study explored the experiences of registered and graduated postgraduate nursing students in Nigeria by seeking to understand their journeys to programme completion or withdrawal. The researcher approached the study by investigating the experiences of postgraduate nursing students enrolled in postgraduate nursing programmes and exploring the factors influencing their experiences with the programmes. Furthermore, the researcher examined the participants' assessments of the overall performance of the postgraduate nursing programmes in Nigeria to date in relation to the students' experiences.

The initial approach to the study was the review of relevant literature on the study topic. From the literature review, the researcher concluded that students, lecturers, and policymakers influence students' experiences throughout the postgraduate nursing programmes. Robust data on the nursing students' experiences were collected from students, lecturers, and nursing education policymakers because these people are the key players in postgraduate nursing education in Nigeria. From the data collected and thematically analysed, the emerging themes are the students' experiences, the factors influencing their experiences, and the performance of postgraduate nursing programmes in Nigeria to date as perceived by study participants.

The researcher extracted three themes for discussion after a critical examination of the three emerging themes from the data analyses. The themes for discussion are the experiences of the students, the challenges of postgraduate nursing education

programme in Nigeria, and the participants' opinions on potential areas of improvement. The emerging themes for discussion were further subdivided into categories for clarity. This chapter, therefore, discusses the findings under the emerging themes and categories. The discussion will utilise an interpretivist framework guided by a critical realist worldview to critically analyse the students' experiences in their postgraduate nursing programmes.

9.1 The experiences of the students

All the participants recognised that the students' experiences were challenging. They pointed out that the causes of the challenging experiences were multifaceted, revealing that the students, the lecturers, and the policymakers were contributing factors. However, some of the students who participated noted that their experiences were not only challenging but rewarding at the same time. It could be inferred from the various comments of the participants that there is a disconnection between students' expectations and their experiences. Also, the students, the lecturers, the policymakers, and the government seem to have divergent interests, a fact which impacted negatively on the students' experiences.

The Committee of Vice-Chancellors and Principals (CVCP 1988) categorically states that postgraduate programmes have two broad aims – developing original and good quality research work that would contribute to new knowledge and provide training to the postgraduate students in research methods. However, Sheehan (1993) argues that achieving the two aims at the same time is difficult because of the seemingly conflicting relationship between, on the one hand having students in training achieve

quality research outcomes and, on the other hand, having lecturers and other postgraduate stakeholders provide quality training when their aims may diverge from the overall aims of the broad postgraduate programme.

Whereas the students' interest is to improve their career prospects and earnings through smooth academic progression, supervisors aim at enhancing their reputation and professional status through the quality of their supervisees' research outcomes (Phillips and Pugh 1987). The examiners, on the other hand, strive to safeguard the academic standard of the postgraduate programmes, while the university authorities and funding bodies delight in seeing students complete their studies as expected (Phillips and Pugh 1987). Lekalakala-Mokgele (2008) argues that these aims are unrealistic in the context of the current status of postgraduate nursing education where the emphasis is on producing more postgraduate nurses.

Plight and Phillips (1988) state that students expect their supervisors to show commitment to their work. Also, they expect the lecturers to be available to help students when needed, and to be very friendly too. Furthermore, these authors state that the supervisors should be supportive, knowledgeable and able to criticise students' work constructively and not destructively. Sheehan (1993) claims that it is difficult for lecturers to meet these expectations in a postgraduate academic environment where the key stakeholders have divergent goals aside from the common goal. Wright (1991) supporting a similar claim states that students are always left on their own to struggle through their work. Furthermore, Plowright (1991) described his research degree programme as a nightmare because of his ugly experiences with his supervisors.

Expressing views similar to those of the authors cited above, some of the students interviewed during data collection described their experiences as being difficult and challenging. Explaining the experience further, one of the students likened the postgraduate nursing programme to a special tightening tool (screwdriver) with which lecturers make things difficult for students. They blamed their experiences on the lecturers' attitudes, the students' deficiencies and the complex nature of postgraduate nursing education.

Lecturers' attitudes: The students pointed out that the lecturers were bossy, had no time for student supervision and planned the academic timetable without involving the students. Moreover, the lecturers would impose a time for delivering lectures that was convenient for the lecturers without considering their inconvenience for students. Furthermore, the lecturers would ignore students' suggestions for more effective supervision and cordial student-lecturer relationship.

However, some of the students differed in their views by stating that the postgraduate nursing programmes have been rewarding in that they offer the students the opportunity to expand the horizon of their knowledge and add value to their academic profiles. They went on to state that the relationship between them and their supervisors was cordial and that their supervisors were supportive and flexible with their students' work schedule.

Barscux (1988) defends the alleged negative attitudes of the lecturers by arguing that to research is to fumble and that a researcher's curiosity should be keener in an

area they have discovered for themselves, rather than being spoon-fed with the ideas of their supervisors. Lessing and Lessing (2004) strengthen the argument by stating that encouraging students to be independent would help them to take full ownership of their project work. From these differences in students' perspectives, the researcher feels that the issue of lecturers' attitudes towards students depends on individual differences, past experiences, and the personal relationships that exist between each student and the lecturer. It would be helpful if the school authorities took these individual differences into account when assigning students to supervisors.

There appears to be a mismatch between the students' preconceived expectations and their real-life experiences throughout the postgraduate nursing programmes. Whereas the students expect the lecturers to guide them through the postgraduate programmes, the lecturers expect the students to take full ownership of their academic work through independent study. This mismatch is what some students describe as challenging, while others describe it as rewarding because it is an opportunity to discover oneself through independent study.

However, it is possible that some students tend to the extreme in depending on their supervisors for support, while some supervisors tend to the extreme in leaving students without adequate support on the pretext of encouraging independent study. The divergent views of "challenging" and "rewarding" experiences might have arisen from these two extremes of over-dependency of students on lecturers for support and abdication of responsibility by supervisors in abandoning students to fend for themselves without adequate support.

The stress of working full-time and studying full-time amidst inadequate

preparation: In Nigeria, there is an increase in the number of nurses enrolling for postgraduate studies, and these students lack financial support. They have to work and study to make ends meet, as is the case in South Africa (Lekalakala-Mokgele 2008). Most of these students are in their thirties and do not have adequate research experience from their undergraduate studies but are still expected to study independently and produce quality research output (CPCP 1988 and Lekalakala 2008). It should be recalled that these students also have household chores and family members to take care of, in addition to their academic pursuits.

Given the students' lack of previous research experience and withholding, in the name of "independent study" of supervisory support, the aim of students, funders and universities alike for students to complete their postgraduate programmes as expected in the allocated time is unrealistic. Furthermore, the lecturers' goal of enhancing their professional status through the quality of their students' research outcomes is a mirage because of the principle of "garbage in, garbage out". The large number of nurses enrolling into the postgraduate nursing programme is overwhelming compared to the few lecturers in the nursing departments. The workload interferes with active support and efficient student supervision. The struggles of both the over-stressed students and the lecturers combine to make the student experience challenging.

The demands of the complex nature of postgraduate nursing programmes:

Much is expected of the graduates of postgraduate nursing programmes regarding

knowledge, skills and ability to contribute to the theoretical and knowledge base of nursing through undertaking high-quality research work. Boore (1996); Gerrish and Lacey (2013); Gerrish and Lathlean (2015) outline the expectations from a master's degree graduate nurse, which include undertaking quality research, creative practice based on specialist knowledge, implementing research in practice, teaching, and independent practice. The authors further state that the roles expected of those with a graduate or doctoral degree in nursing include developing research programmes, initiating research-based practice, developing theory, contributing to policy making, publishing and teaching.

These attributes require a complex, but clear curriculum and process to attain. The attributes also need a supportive learning environment regarding educational resources, human resources, an efficient library and favourable education policy (Boore 1996). In the Nigerian postgraduate educational context, the lecturers and the students struggle with an unstructured, rigid curriculum and process to help postgraduate nursing students attain the roles expected of them when they graduate. Achieving these attributes is an uphill struggle, given the numerous challenges facing postgraduate nursing education in Nigeria. The frictions arising from the challenges of postgraduate nursing programmes in Nigeria translate to the difficulties for the students and the consequent delays in programme completion or withdrawal. The next paragraphs will discuss these challenges inherent to postgraduate nursing education in Nigeria

9.2 Challenges for postgraduate nursing education programmes in Nigeria

Flexible learning environment

Flexibility regarding mode of study would be of help. Gunn (2000) and Honey (2004) define flexible learning as having four key components which include students' choice of study mode and methods, and access to course materials and staff at a reasonable time and location. The other two are learners being responsible for their own progress in a supportive environment, and access to information and communication technology. Learning in Nigerian universities is not flexible as there is no difference between full-time and part-time students regarding methods of study and curriculum content spread. The students that would have opted for professional doctorate programmes enrolled in doctoral degree programme because they had no alternative option. This rigid structure compounds the adverse experiences of postgraduate nursing students, especially as they are working and studying on a full-time basis.

Apart from the aforementioned contributors to the students' challenging experiences, the issue of accommodation for both classwork and residence was a challenge. Most of the students that live off-campus have no place to rest when they need to. Classroom space is also limited. The postgraduate nursing students identified this problem as a limitation that makes coordination difficult for the struggling students who are working and studying at the same time. Therefore, the study environment in Nigerian universities is not learner friendly.

Moreover, most postgraduate nursing students are within the age range from the late thirties to the late fifties. If the learning environment were flexible enough regarding

the choice of mode of study (Gunn (2000); Honey (2004)), such students would have opted for a professional doctorate on a part-time basis to allow them time to combine their academic work with the demands of family responsibilities.

Insufficient nursing workforce with advanced certificates in core nursing

The stipulated student-lecturer ratio in Nigeria is 10:1, but because of the dearth of qualified academic staff to take up jobs in postgraduate nursing education lecturing, the actual ratio is about 20:1 (NUCN (2012) and the NMCN (2012)). The students, lecturers and policymakers interviewed identified the size of the nursing workforce (lecturers) as a major challenge to postgraduate nursing education in Nigeria. This ratio seems inadequate to meet the enormous task of graduating students in line with expectations, especially in the context of increasing number of candidates seeking admission into the postgraduate nursing programme. When students' expectations are not met regarding the expected period of graduation, they get discouraged and leave the programme (Lekalakala-Mokgele 2008). The situation accounts for the low programme completion time and a moderate attrition rate as shown in Table 4.2.

As discussed in chapter 2, the first postgraduate nursing programme commenced in 1988 at the Obafemi Awolowo University, Osun State. The University of Ibadan in Oyo State and the University of Nigeria, Nsukka in Enugu State started running their postgraduate courses in 1996 and 2003 respectively. These three universities remain the primary postgraduate nursing education providers in Nigeria for a population of approximately 180 million people (NMCN, 2012). From the lecturers' accounts during the researcher's interview with them, and from the researcher's reflective observation, the number of nurses seeking admission for postgraduate

studies in nursing is overwhelming for only three universities with few qualified nurse lecturers. The NUCN (2012) student-lecturer ratio stipulation is far from being achieved, and something needs to be done to alleviate the burden on Nigerian universities' over-worked tutorial staff in the nursing departments.

Funding

Postgraduate programmes require funding to support the universities' running costs, and other incidental expenses (Boore 1996). Tuition fees for postgraduate students in Nigerian Universities cost between one hundred and fifty thousand naira (three hundred pounds) and four hundred thousand naira (eight hundred pounds Sterling) per session aside from the cost of living expenses, accommodation, transport and books (NUCN 2012). From the students' experiences as presented in chapters 5, 6 and 7, some students spend between five to seven years doing a Master's degree programme, and eight to ten years doing a doctoral degree programme. Funding opportunities for nurses to undertake such programmes on a full-time basis are rarely available in Nigeria, and the postgraduate nursing programmes are not flexible enough to allow for part-time schedules. The situation is unlike the United Kingdom where part-time and full-time programmes are well defined (Boore 1996). Although funding is also a challenge for United Kingdom postgraduate nursing students, there is, at least, some limited funding available for the students (Boore 1996). The problem of financing and the relative lack of structure in the postgraduate nursing programmes in Nigeria constitute an impediment to the academic progression of postgraduate nursing students.

Foundational issues and public image of nursing in Nigeria

As discussed in the introductory chapter, Nigerian nursing education grew from initially limited numbers of missionary establishments to a more substantial expansion of urban hospital-based schools from 1945 (NDATSU, 2004). A member of the Nursing and Midwifery Council of Nigeria, who is also a professor of nursing, pointed out during an interview with the researcher that nursing education in Nigeria started without mentorship. Although both Nigeria and the United States of America borrowed from the British educational policies, the American education policy was influenced by British elites with higher academic qualifications, while the Nigerian education policy was influenced by British missionaries who were of a rather low academic profile (Anyanwu, 2006).

The influences of these relatively poorly educated missionaries are discernible in their effect on the programme structure of postgraduate nursing education in Nigeria. The products of these missionaries at the early mission schools of nursing are the ones who started postgraduate nursing programmes to meet the demands of higher education in nursing in Nigeria (Ndie 2014). These foundational issues influenced the public perception of nursing as the role of the physician's assistant (Deloughery 1977) and consequently further influenced the programme structures, content, and constructive alignment of nursing education in Nigeria.

All the students interviewed observed that the postgraduate nursing programmes in Nigeria are overloaded with many modules. Ndie et al. (2012) and NUCN (2012) state that postgraduate nursing students take 14 modules at the Masters level, or 11 modules for a doctoral degree programme, and that all postgraduate nursing

students must study a research methods module. Also, the academic calendar for Master's level studies is expected to last for one year (12 months or two semesters) for full-time students or one and half years (18 months or three semesters) for part-time students. Doctoral programmes are expected to last for two years (24 months or four semesters) for full-time and two and half a year (36 months or six semesters) for part-time students (NUCN 2012; Ndie et al. 2012). Although these plans are in place, they have never been achieved because there is a mismatch between the content of the programmes, the student-lecturer ratio, and the learning environment – a problem of constructive alignment (Biggs 2007). This problem is probably what leaves both students and lecturers struggling in vain to finish the programme contents within the NUCN stipulated period.

Social structure and mechanisms

The students interviewed lamented that their experiences in both their master's degree programmes and doctoral degree programmes were horrible. They attributed their experiences to the inherent problems of the departments of nursing, which reflect the nursing-unfriendly social structures and mechanisms in Nigeria. Despite the fact that the participants acknowledge that these social structures and mechanisms have a strong influence on the postgraduate nursing students' experiences, the researcher is concerned that some of the students are not thinking of a way forward to improve their experiences, but choose to settle for what is available. Similarly, there appears to be an acceptance of the status quo, with one student stating;

“... to some extent they are supportive. There are good libraries where you can get books; they have good infrastructures for example, good classroom

according to our context. At least, we go to class, sit down, we don't stand, there is a fan, there is light, and what else do we need? We cannot compare ourselves to the developed world" (UNMSCStG3).

Since her independence in 1960, Nigeria has experienced three systems of government, as discussed in chapter 2. In each system, both the government and private sectors have controlled national resources (Ojo, Aworawo and Ifedayo 2014). The leadership of the Nigerian government that ought to be in control has failed because of structural deficiencies (Ojo, Aworawo and Ifedayo 2014). Complex bureaucratic procedures encourage corruption, which in turn weakens the regulatory bodies that ought to check the excesses of the political elites (Ogundiya 2009; Aliu and Oludebe 2008). With weak regulatory structures on the ground, the activities of education policymakers are not adequately checked, and the inefficient monitoring system negatively affects lecturers and students.

Most policymakers got to their various positions through political appointments influenced by favouritism, rather than merit (Afegbua 2013). These political appointees in the Nigerian educational system cannot be constructively criticised by a non-political elite for fear of stepping on the toes of those in power (Olumuyiwa 2016). The lecturers interviewed described the political appointees in the educational system as "sacred cows" that cannot be touched, even when they are doing the wrong things. Reflecting on the researcher's field notes taken during an informal interaction with the lecturers and the students, these "sacred cows" determine the students' admission process, the programme structure, and the departmental workforce needs. Unfortunately, these appointees are remote-controlled by the

political elites, who have neither knowledge of nursing as a profession nor defend or care about the interests of nursing over and above their selfish gains from it (Olumuyiwa 2016).

Furthermore, the political system in Nigeria is unstable because of frequent changes from one regime to another; each regime coming up with a new agenda that neglects the programmes and policies of the its immediate predecessor. In its pursuit of new programmes and policies, the new regime neglects the welfare of its citizens; the resultant hardship gives rise to incessant industrial actions as a means of seeking attention. Reflecting on the researcher's observation, during the data collection, there was a series of strike actions which, when they occurred, put everything on hold in the affected sectors, including the education sector (Oleribe, Ezieme, Oladipo, Akintola, Udofia, and Talor-Robinson 2016; Adesulu, Mosadomi, Olatunji, and Una, 2016).

Nursing education in Nigeria, especially at the postgraduate level, is still struggling to survive in a male-dominated environment (Ekpe, Aloba and Egbe 2014). In contrast to other health professions (medicine and surgery, pharmacy, medical laboratory sciences and radiology) that are male-dominated, nursing is poorly represented at the policy formulation and decision-making level (Ekpe, Aloba and Egbe 2014). This situation has adversely affected all aspects of the nursing profession in Nigeria, including nursing education, as the political elites formulate stringent policies that are not favourable to nursing (Ayandiran et al. 2013). The stringent policies have affected the accreditation of postgraduate nursing programmes. For instance, in Nigeria with over 180 million people, there are only three main providers of postgraduate nursing education, as earlier discussed in chapter 1 of this thesis (the

University of Ibadan, the University of Nigeria, Nsukka, and the Obafemi Awolowo University, Ile-Ife) (NMCN 2014).

The low representation level of nursing in the governance of Nigeria and the lack of political will on nursing inclusion and equality in policy issues can be traced back to the origin of the profession. The inadequate representation and lack of political will could be linked to the erroneous impression that nursing is a women's profession (Deloughery 1977) and that women should only be seen and not heard (Ekpe, et al. 2014). As in the findings of Johnson, Cowin, Wilson and Young (2012) in Australia, in Nigeria the image of nursing is very poor.

Despite the National Gender policy that seeks to prevent discrimination against women's participation in politics in Nigeria (National Gender Policy (2006) (Okafor and Akokuwebe 2015), the percentage of Nigerian women at the policy formulation level is still less than 5% instead of the proposed 35% (Gender Audit and IPU PARLINE database 2003 and 2008). Given the history of discrimination by the political elites in Nigeria against women's political participation, the effect on a female-dominated profession, especially postgraduate nursing education, is foreseeable: poor attention to policy issues, lack of workforce development, and uncoordinated educational programme structure.

9.3 Participants' opinions on areas of improvement

Table 7.1 reveals that the overall performance of the postgraduate nursing education programme, in the participants' assessment, ranges between one and seven with a

mean value of 5.21 and standard deviation of 2.21. Table 7.2 shows that both the Master's students and the doctoral students interviewed had spent between two and ten years in their programmes. Although a comprehensive umbrella assessment of programme performance is not possible in qualitative studies, the findings from the quantitative baseline data, however, show us the perspectives of students, lecturers, and policymakers on the postgraduate nursing programme performance.

It was not possible to estimate the completion and attrition rates as was done in Malaysia by Abiddin and Affero (2001) for several reasons; some of the students that had withdrawn their candidature as at the time of data collection still expressed their intention to reactivate their studentship when they get money to pay the arrears of their tuition fees. Moreover, unlike the United Kingdom and other developed countries of the world (Park 2011); Jiranek 2010; the United Kingdom Quality Code for Higher Education 2014), the structure of postgraduate nursing programmes in Nigeria does not have a clear regulation on deregistration of students. It is believed that a future curriculum review in postgraduate nursing programmes in Nigeria would clearly stipulate the conditions and procedures for deregistration and withdrawal of postgraduate students.

From the extant literature and the participants' suggestions, there is scope to make improvements in aspects of the student-lecturer relationship, student support, curriculum review, and workforce development. Furthermore, other suggested improvements are infrastructural development, effective programme implementation and monitoring, review of nurse lecturers' salaries to put them on par with those of

clinical nurse practitioners and setting up international partnerships regarding postgraduate nursing education.

Improved student-lecturer relationships

Regarding the student-lecturer relationship, the students suggested an improved cordial relationship between the students and the lecturers where supervision and mentoring of students should be constructive in character rather than destructive. They further suggested that the relationship should allow both the students and the lecturers to work like partners in achieving a common goal – effective supervision and mentoring, and postgraduate students completing their programmes as expected. The students criticised the existing relationship where the lecturers alienated themselves completely from the students' work on the pretext of encouraging independent study (Lessing and Lessing 2004).

The culture of hero-worshipping out of respect for hierarchy and social status in Nigeria should be de-emphasized because it is detrimental to cordial relationships between the students and lecturers in an academic environment. Nnonyelu (2009) observed that the social structure in Nigeria in the pre-colonial era was just like that of Britain, with royalty at its apex. The situation, however, became different after the colonial era, it has been argued, as social class in Nigeria was re-defined, with some elements of traditional behaviours being incorporated into the social stratification as it exists today (Nnonyelu 2009). Notwithstanding that individual social class is not used to determine income, data have shown that those in the higher social classes have higher incomes than those in lower classes (Nnonyelu 2009). This is evident from the fact that a doctor, a lawyer or lecturer will earn more than an administrative officer in the civil service.

The conditions at work also vary significantly depending on class. Those who are in the upper and middle classes enjoy more respect; while those who fall within the lower classes always feel marginalised and receive less satisfaction from work (Nnonyelu 2009). The advent of paid employment modified social stratification only slightly, from a purely traditional format to one aligned with Western societies and thereby aligning Nigerian social stratification with that of other nations but with strong traditional influence (Nnonyelu 2009). This is seen from the number of people who are willing to add a traditional or religious title to their names; for example High Chief, Chief Priest, Chief, Elder, Reverend, Pastor, Bishop, Professor, Doctor, Engineer, Barrister, etc., even in the workplace (Gere 2013).

The attempt by lecturers to sustain this over-emphasised culture-driven respect weakens the relationships that exist between the lecturers and the students. It seems that the lecturers feel that condescending to cordial relations with the students would cost them the students' respect.. This feeling probably creates a class distinction between lecturers and students that places the lecturers in an unapproachable upper class and the students in a low class to the detriment of the students. Therefore, the policymakers should inculcate in the postgraduate nursing programme some rules to eliminate this culture-driven class divide to improve the student-lecturer relationship.

Effective student support.

The students, lecturers and policymakers interviewed identified the provision of electronic equipment, internet access, and supportive learning environment as areas that need improvement. The support systems in Nigerian universities are inadequate to help the students in their courses of studies. A support system, as discussed in

chapter 3 of this thesis, means a favourable learning environment which has adequate hard-copy textbooks, electronic books, and well-equipped libraries with internet facilities, computers and learning resource staff (Jonassen and Land 2012.) The availability of these resources is what Jonassen and Land (2012) described as the student-centred environment.

The type of learning environments described above would not only be useful to the students but the lecturers too. If the lecturers have access to well-equipped libraries with functional internet services, computers, and projectors, they will be adequately prepared to supervise the students effectively. Furthermore, motivating students to start their dissertations or theses on time, and monitoring their academic progress, would become less problematic.

Abiddin, Affero, and Ishmail (2001), who identified lack of supportive environment as a reason for postgraduate students' high attrition rate in Malaysia recommended an improving student support to enhance student retention and timely programme completion. Agu and Kayode (2013) buttressed these suggestions by stating practical steps to improve the students' support system; the steps, therefore, include the adequate training of research supervisors, and provision of a supportive research environment to sustain the interest and productivity of the lecturers and postgraduate students.

Also, student support involves mentoring the students throughout the course of their postgraduate programmes. Slater (1998) defines mentoring as the act of providing guidance, wisdom, and support to the mentee in such a way that he (the mentee) would benefit from it. Several authors suggest that effective supervision is a form of

mentoring (Pearson 2001; Pearson and Brew 2002; Price and Money 2002). These authors hold the view that postgraduate supervisors guide their students into becoming independent researchers through dialogue, modelling, socialising the students into research culture, and providing emotional support where necessary (Pearson 2001; Pearson and Brew 2002; Price and Money 2002). Nonetheless, Manathunga (2007) argues that these authors' perception of supervision as mentoring removes the role of power from the supervisor-supervisee relationship. Manathunga (2007) rather suggests that in viewing supervision as mentoring, the role of the supervisor's power should not be neglected as it helps to determine the student's boundaries.

In any case, the general belief is that the mentor has more experience than the mentee (Manathunga 2007), and these experiences are useful in transforming postgraduate students into independent researchers. The researcher, therefore, suggests that the supervision framework in Nigeria, where postgraduate students are left without adequate support, should be changed into a mentoring framework. The mentoring relationship, the researcher believes, would reduce the power role of the supervisors and enhance smooth working relationships with the postgraduate students.

Programme structure, curricula content, and implementation review

In a systematic review by Agbedia (2012) on re-envisioning nursing education and practice in Nigeria for the 21st century aimed at exploring the current situation and future development of nursing education and practice in Nigeria, the issue of delay in

postgraduate nursing students' programme completion was also pointed out. As with the previous study by Agu and Kayode (2013), the programme completion and attrition rates were not mentioned. However, the delay in programme completion had links with the programme structure and the reduced workforce of nurse lecturers. Following their findings, the researcher recommended innovative collaboration with international universities. Moreover, the researcher suggested innovative fundraising activities to adequately support the postgraduate nursing students through scholarship schemes.

These recommendations are similar to the suggestions of the students on the need for programme structures and curricula review. A good number of the participants across the three universities suggested programme structure and curricula review as an area of improvement. As revealed by the participants during data collection, and from the existing programme structure (Ndie et al. 2014), the postgraduate nursing programmes in Nigeria has no clear boundary between part-time and full-time students. Furthermore, the curricula contents are too numerous to be completed within the stipulated time frame. The programme's objectives, time frame, curriculum content, and method of implementation seem to lack constructive alignment (Biggs 2007).

Keating (2011) and Kelly (2006) opine that curriculum content should be planned in such a way that it matches the available time-frame. Both authors suggested a maximum of seven modules in a taught postgraduate nursing programme. Although programme structure and curricula content reviews have begun in one the universities in Nigeria, the Obafemi Awolowo University Ile-Ife, the reviewers and nursing education policymakers should borrow from what obtains in the United

Kingdom and other developed countries of the world. The same should be replicated in the other universities in Nigeria offering postgraduate nursing education.

The areas to address, as suggested by the postgraduate nursing students, include making a clear distinction between part-time and full-time students regarding programme structure and duration, trimming down the curricula content, and involving students in programme planning and implementation (the postgraduate students should have a clear plan of their programme from beginning to end regarding content and duration). Furthermore, the module plans should be strictly followed by both the lecturers and the postgraduate students in line with the School of Postgraduate Studies' existing regulations. A functional framework for monitoring the postgraduate nursing programmes and activities of students and lecturers should be put in place to regulate the progress of the programmes.

The postgraduate nursing programmes in Nigeria should be structured to meet the needs of their students. The postgraduate nursing students identified that the existing postgraduate nursing research areas are structured towards intervention studies, neglecting theory development and review. Also, they identified that the programme structure seems designed for students who are in the field of nursing education, doing little to encourage the enrolment of nurses in the clinical, community health, mental health, and maternal and child health settings. These comments suggest the need for expansion of the postgraduate nursing programmes to incorporate candidates from every aspect of nursing practice, similar to what obtains in the United Kingdom (Boore 1996; The Quality Assurance Agency for Higher Education 2014).

This could be achieved by restructuring the programmes to accommodate all aspects of nursing practice. Similar to the postgraduate nursing programmes in the United Kingdom (Boore 1996; The Quality Assurance Agency for Higher Education 2014), master of philosophy and professional doctoral programmes with different exit points from the conventional master's and doctorate programmes, should be introduced. This initiative would address the higher education needs of nursing in different aspects of nursing practice of Nigeria, boost the entire nursing workforce, and encourage the smooth running of the postgraduate nursing programmes.

Workforce development

The workforce is a term used to refer to all the individuals involved in delivering the activities of an organisation. In the context of this thesis, it refers to the nurse lecturers and the non-academic members of the department of nursing sciences in the universities in Nigeria that contribute in one way or the other to the smooth running of the postgraduate nursing programme (Dieleman and Hammeijer 2006).

Workforce development has to do with providing education, and training to produce more and better-prepared workers. Embarking on workforce development helps in staff retention. Recruitment and retention will continue to be a priority to ensure that people with the right potential are recruited to lecturing jobs and retained to ensure continuity for the students they support, and the development of a workforce with the right skills, knowledge, values and attitudes to provide high-quality students support.

Herzberg (1959) proposed a dual-factor theory of needs, to explain the factors that motivate and retain workers in their workplace. In his view, there are some job factors that can lead to positive satisfaction called “motivators”, and there are some

that can prevent dissatisfaction called “hygiene factors” (Citron Business and Fleet 2008). The motivator factors yield positive satisfaction, and they are called satisfiers. These factors represent psychological needs of the workers which are perceived as additional benefits and they include recognition in the form of status, praise and rewards, sense of achievement, growth and promotion through training and mentorship, sense of responsibility and ownership and meaningfulness of the work as perceived by the worker (Citron Business and Fleet 2008).

The hygiene factors, on the other hand, are those job factors that are necessary for the existence of motivation in a workplace, but do not lead to positive satisfaction on a long-term basis. They represent those physiological needs which the workers require to be fulfilled and they describe the job environment and conditions. The hygiene factors include wages, work and administrative policy issues, physical work environment, interpersonal relationships and job security (Citron Business and Fleet 2008). The motivator factors lead to job enrichment, which motivates workers to maximally utilise their skills and competence to improve organisational performance while the hygiene factors are a necessary condition for workers’ retention (Citron Business and Fleet 2008). Managers need both the hygiene factors and motivator factors to motivate the workers and get the best out of them for their organisation’s growth and productivity.

Workforce development through government sponsorships, personal growth, and international collaboration with foreign universities should be a priority for all academic and non-academic staff. Developing the workforce, as the participants suggested, includes employing more lecturers, improving the current situation of the

library and providing internet facilities to help students produce dissertations and theses to a high standard and at a faster rate. Although there is a dearth of qualified candidates to take up teaching appointments in departments of nursing in Nigeria, the participants revealed, as discussed earlier in this chapter, that there are some nurses in the clinical area with the prerequisite qualifications for teaching jobs. Although these nurses desire to teach, they are reluctant to leave their clinical nursing jobs for a lower-paid teaching job that would earn them a lesser wage.

The government and other non-governmental agencies connected with nursing salaries should increase the financial incentives to improve the attractiveness of teaching jobs for the qualified clinical nurses who wish to become lecturers. Putting the nurse lecturers' salaries on par with that of the clinical nurses would encourage those with prerequisite teaching qualifications to switch over to lecturing. Such transfers would greatly strengthen the nursing workforce in the departments of nursing in the Nigerian universities.

Infrastructural development

Infrastructural development in the context of this thesis includes buildings, classrooms, office accommodation, space for libraries, the furnishings of both offices and classrooms, and stocking of libraries with current books. There are inadequate support systems to help students in their course of studies. By 'support system' the researcher here refers to a favourable learning environment which has adequate textbooks, electronic books, and well-equipped libraries with internet facilities, computers and learning resource staff. The availability of these resources makes for what Jonassen and Land (2012) described as the studentcentred environment.

Effective learning can only take place in the student-centred environment. The student-centred environment is an environment that is interactive, with adequate technology, adequate resources, that encourages deep learning and is authentically aligned (Jonassen and Land 2012). Authentic alignment is a term used to describe the balance between the learning environment and learning outcomes; such alignment encourages authentic learning by representing real-world situations and complex problems through role play, problem-based activities and case studies (Lombardi and Oblinger 2007).

Hannafin (1999 cited in Jonassen and Land 2012, p. 14), asserts that the design components of student-centred environments include processing tools, manipulating tools and communicating tools. Processing tools (texts and videos) help in the mental processing of information search, collecting, arranging, synthesising and reflecting. Manipulation tools (computers and projectors) enable the transformation of user inputs; while communication tools enhance social interaction and dialogue. These components must be present for effective learning to take place. However, it is important to note that these components can be adjusted by the designer to suit the teaching aim and learning outcomes (Jonassen and Land 2012). Manipulating the components to suit the context is what Jonassen and Land (2012) further describe as creating a case-based or discipline-sensitive environment.

The participants, therefore, recommend adequate buildings with enough classroom spaces, office accommodation, space for libraries, and suitable furnishings to make the university environment favourable for effective learning. Furthermore, libraries should be stocked with current books and modern technological gadgets. The

improved technology would be beneficial for the regular, part-time, and distance learning students. Old buildings should be refurbished to a modern standard with modern, supportive learning facilities.

International partnerships on postgraduate nursing programmes

Most of the participants suggested collaboration or partnership with foreign universities as a way forward in tackling the challenges of postgraduate nursing education in Nigeria. Colleges and universities the world over are working to equip their graduates with the knowledge and skills needed to succeed in the global market and ensure their relevance in the global higher education community. When done with all diligence, in accordance with the overall institutional aims and mission, building relationships with counterparts abroad could be a significant approach to address these issues (American Council on Education 2015).

As discussed in chapter 3 of this thesis, the United Kingdom Higher Education International Unit (2013), states that the main drivers for an international academic partnership include cross-border research, establishing reputable marketing arrangements across the overseas universities, maintaining academic standards, and international work placement contracts. Others are access to international services (internet services and new technological innovation) and teaching collaboration. The forms of partnerships as identified by the United Kingdom Higher Education International Unit (2013), the America Council on Education (2015), and University College London (2017) are validation agreements, articulation agreements, joint awards, multiple or dual agreements, teaching contributions, split-site doctoral programmes, study exchanges, and flying faculties.

Although the collaboration approaches may take different form, the joint award, the franchise, the split-site doctoral partnership, and the students' exchange programmes partnership would probably suit Nigeria better given its socio-political structure.

In a joint award partnership, students study at both the providing university and the overseas institution, often for a period of two years at each. The students are awarded certificates jointly by the collaborating universities on successful completion of their programme (The United Kingdom Higher Education International Unit 2013). Despite the challenges of workforce and legal requirements (The United Kingdom Higher Education International Unit 2013), the complementary roles of the collaborating universities would be useful in workforce development in the Nigerian universities. Franchise collaboration entails delivery of a programme by the providing university in an overseas institution (The United Kingdom Higher Education International Unit 2013). The providing institution produces the programme scheme and course materials; the disadvantage, in the researcher's view, is that the implementing overseas institution may misuse the scheme and course materials, thereby compromising the quality of academic standard. The establishment of adequate monitoring and legal frameworks would help to control this risk.

The split-site doctoral programme refers to an arrangement that permits a doctoral student's secondary supervisors to be drawn from another institution than the degree-awarding institution (University College London, 2015). The degree-awarding university provides the primary supervisor, but the student spends time at both

universities working on his academic research (University College London 2015). This form of collaboration is already practised in Nigeria, though there is no formal arrangement between the universities involved. However, there is a direct contractual relationship between the receiving universities and the staff members offering the services. Moreover, the staff members offering the services always come to the receiving universities on a part-time basis. Modifying this form of collaboration to formal inter-university collaboration would benefit universities and students because the relationship at the institutional level would last beyond the career lifespan of the individual staff members.

The student exchange collaboration involves a situation whereby the students undertake a fixed period (a term, a semester, or a full session comprising two semesters) at an institution overseas depending on the terms of the agreement (University College London 2015). This type of collaboration allows for exchange of ideas and knowledge across the universities involved. One advantage of this arrangement, in the researcher's view, is that it would familiarise the students with innovations in nursing education that could contribute to transforming the perspectives of students, lecturers and policymakers towards it.

Regardless of the form of collaboration, international partnerships provide opportunities for attracting a diverse student body and promoting greater mobility of staff and students (Alexander, 2013). These partnerships also have the potential to make an impact on curriculum development, collaborative teaching programmes and research networks. Furthermore, partnerships provide opportunities for learning from

each other, sharing knowledge and experience, and benchmarking (Alexander, 2013).

Conclusion: This chapter discussed the themes and sub-themes emerging from the findings. The themes discussed are the experiences of the students, the challenges of postgraduate nursing education in Nigeria, and the participants' opinions on areas of improvement. Although the experiences of the students were challenging, it is not different from what a postgraduate should expect in a developing country. The challenges would be addressed by improving the learning environment, developing the workforce, seeking alternative means of student funding, and international collaboration. The next chapter discusses the researcher's reflection on the whole research process from the beginning to the end.

9.4 Dissemination of report

The process of dissemination involves sharing information and knowledge generated by the research study with its target audience. This can be achieved through research reports to funders, publications in professional journals in print and online, presentations at conferences, workshops or seminars, and through developing a network of other researchers with related interests (Saywell, Cotton and Woodfield 1998, Petre, Pinto and Chartier 2009, and Gerrish and Lacey 2010). The researcher hopes to disseminate the findings from this study in a report to funders and through publications in professional journals. Furthermore, he would seek to publicise the research online and develop a network in which to discuss it with other researchers and organisations with common research interests.

Relevant professional journals include the West African Journal of Nursing, International Journal of Nursing, Royal College of Nursing websites, and Journal of Nursing Education. These journals are widely read by nurses and other healthcare professionals in Nigeria and worldwide.

The findings could be utilised through any or all of the following three major models; the instrumental model, the subliminal diffusion model, and the persuasive model (Gerrish and Lacey 2010). Estabrooks (1998) opines that the instrumental model entails the direct application of the research findings in the form of clinical protocols, practice guidelines or care pathways. Subliminal diffusion, on the other hand, encompasses indirect utilisation of research reports by professionals who make the findings part of their practice without any announcement (Estabrook 1998). The persuasive model according to Gerrish, Clayton, Nolan, Parker and Morgan (1999) is a political approach that involves the use of evidence from research findings to persuasively argue and change an existing policy or practice.

The researcher hopes to encourage the utilisation of the research findings in Nigeria through subliminal diffusion. He hopes to do that by seeking for opportunities to present the research findings in the regular professional development programmes that are organised for professionals, including policymakers, in Nigeria. The researcher would utilise his position as a lecturer to discuss the findings with the nursing education policymakers and request opportunities to present the findings at both state and national conferences. Moreover, the researcher would present at relevant conferences whenever there are calls for papers. This way, the utilisation

will start with the nurses who form the largest share of the health workforce in Nigeria.

9.5 The limitations of the study and how they were managed

The distance between one data collection point and another is a day's journey by road which is the most popular transport route in the research areas. The researcher was resident in each place of data collection until he finished collecting data there.

It was difficult for elite interviewees to keep appointments because they are, by the nature of their positions in any organisational setting, very busy (Marshall and Rossman, 2006). Marshall and Rossman (2006) further state that as a class, these people are highly knowledgeable in their disciplines and as such, they would always want to be in control of any interview in which they are involved. The use of link persons from the universities, NUC and NMCN, as well as familiarity with the research subject area was of help in resolving this potential problem.

The key stakeholders (lecturers, NMCN and NUC staff members) were not initially keen on discussing their organisational weaknesses. For one of its members to expose an organisation's weaknesses is tantamount to sabotage and may attract punitive measures against the perceived saboteur. The use of appreciative enquiry was helpful as it focusses on the strengths of an organisation rather than its weaknesses.

Most of the participating postgraduate students were not within school premises as they were either out of school or working and studying at the same time. The use of snowballing and phone calls as methods of participant recruitment were useful in addressing the limitations discussed earlier in this chapter.

10. MY JOURNEY THROUGH THE DOCTORAL DEGREE PROGRAMME AT QUEEN MARGARET UNIVERSITY, EDINBURGH.

Introduction

This chapter discusses the researcher's influence on the research process and his experiences during it. The discussion is set out under the following sub-headings: the influence of the researcher, his personal profile, and his ambition. It further discusses the researcher's reflection on his field experiences, finally, his progression and the adjustments he has made through the research process.

10.1 Influence of the researcher on the study

For the researcher to have a thorough understanding of his own position, worldviews, belief systems, past experiences, and assumptions is very important in qualitative research, because they all influence the process and outcome of the research. Reflexivity refers to the way a researcher systematically considers the context of knowledge construction as it affects the researcher at every point of the research process (Lincoln and Guba 2005). It has to do with the researcher's ability to reflect inwards towards self as an inquirer and outward towards the cultural, historical and other surrounding factors that influence the research process, including the social interaction between the researcher and participants (Sandelowski and Barroso 2002, p.222).

Reflection and Reflexivity are often confused; reflection relates to self and improving future practice through retrospective analysis of action while reflexivity is proactive and calls for practitioners to be aware of the assumptions and priorities that shape

their interactions with others (Darling 1998). In reflection, introspection or looking inwards takes place after an interaction whereas, in reflexivity, introspection takes place in every stage of the interaction (Darling, 1998).

10.2 My personal profile and story

The first-person pronouns “I”, “my” and “me” are used to discuss the influence of the researcher in this chapter (chapter 10), while other chapters refer to “the researcher” in the third person. The reason for the choice of the first-person pronouns in this section is to express the reflexivity and reflection it describes, by making it more personal.

I am a nurse by training with my highest qualification being Master of Nursing Science. My first degree was obtained from the University of Nigeria Nsukka in 2001 and my Master’s degree from Queen Margaret University, Edinburgh in the United Kingdom in 2013. Between 2001 and 2013, I started a Masters of Nursing Degree programme at the University of Nigeria Nsukka and progressed up to proposal defence between 2008 and 2012. The proposal defence was successfully done, but I suspended the programme for another Masters of Nursing degree programme in the United Kingdom when I had an opportunity to do so, with the intention of completing the suspended programme later.

I made every effort with the wonderful support of my supervisor and some lecturers to complete the Masters of Nursing Degree programme in Nigeria before travelling out for a doctoral degree programme instead of another Masters of Nursing Degree programme, but every effort proved abortive. My inability to complete the master’s

programme could be attributed to the structure of postgraduate nursing education in Nigeria. It is surprising that what took me a continuous four years as a full-time student without completion in Nigeria was completed in a year in the United Kingdom. My dissertations in the first degree and uncompleted Masters of Nursing Degree in Nigeria both used exclusively quantitative methods, but the Master's Degree I completed in the United Kingdom adopted a mixed method approach (quantitative and qualitative methods).

Nurses in Nigeria are predominantly females, and the males were so few that they were somewhat marginalised. Marginalised in the sense that they were not allowed to fully enjoy every aspect of the profession (they were not allowed to enrol into midwifery programmes until 2012 when there was a review of the undergraduate nursing programme which allowed undergraduates to enrol into midwifery as an area of specialisation at the end of the programme). I have had working experience as a nurse in clinical settings, community settings, and administrative settings in the State Ministry of Health in Nigeria, and finally joined the Department of Nursing in Ebonyi State University as a lecturer.

It seemed that I did not find much satisfaction in those settings, except for the university, because my bosses and I had little say with respect to policy issues and the settings did not encourage academic progression in nursing.

It has always been my ambition to contribute to the development of the nursing profession in Nigeria, but my experiences in the wards and community settings as a male nurse did not give me the kind of motivation and opportunity I needed until I

joined Ebonyi State University in 2009. My ambition to contribute to the development of the nursing profession in Nigeria is my major reason for aiming at getting to the summit of nursing in terms of education, so that I can gain credibility and influence with other health professionals and policymakers. For one to be able to gain, keep and sway an audience of policymakers as a nurse in the socio-political context of Nigeria, one needs to demonstrate a significant body of evidence-based practice which could be achieved through expertise in nursing research. This ambition, I believe, can be achieved through quality evidence-based research results from a doctoral degree programme.

10.3 My motivation for choosing to research this topic

It is my earnest desire to contribute to developing the nursing profession in Nigeria, but my own experience with the attempting postgraduate nursing education in Nigeria was the greatest driver for choosing the topic. It is my belief that the result of this research will be of importance to postgraduate nursing education policymakers in restructuring postgraduate nursing education in Nigeria. It will also help in relieving those students who are already trapped in the slow-moving programme. As a researcher and a teacher, it should help me to make changes in my place of work through what Gerrish and Lacey (2010) categorize as the subliminal diffusion and persuasive models.

10.4 Reflections on my experiences during the fieldwork

The first challenge I encountered in the process of accessing the contact persons of the chosen research sites was the transfer of service of one of them. My liaison at

the Department of Nursing, Obafemi Awolowo University Ile-Ife, who was also the Head of the Nursing Department, was appointed to start up a new nursing department at another university and had to transfer her service there. Her replacement, the new Head of Nursing Department claimed that she had not properly handed over my data collection plans to her. The only solution was to start a fresh contact with the new person. Although the process took a while, it was successfully managed.

The second challenge was that most of the contact persons and intended participants hardly replied at all to emails, text messages or phone calls during the initial period of participant recruitment and data collection. Their inability to reply to emails, text messages and phone calls could be attributed to poor internet access, and occasional mobile network failure in Nigeria. This challenge was managed by visiting such people in their places of work for face-to-face contact. This approach was time-consuming and financially demanding, but it was a huge success.

The recruitment of participants, which was intended to end on 30th October 2015, eventually ended on 5th November 2015. 45 participants were successfully recruited from the three participating universities, the Nursing and Midwifery Council of Nigeria, and the National Universities Commission of Nigeria. Appointments for the actual face-to-face interviews were successfully scheduled with the recruited participants, and the schedules were spread over three months from November 2015 to January 2016. It is worth noting that two interviews were conducted at the Department of Nursing, the University of Nigeria Nsukka still in the course of participant recruitment. The initial interview with the first two participants on the day

of recruitment was possible because the researcher anticipated such responses and travelled with the interview guides to the recruitment sites.

Most of the participants, both lecturers and students, were very busy as almost all the students were working and studying at the same time. Those that had completed their postgraduate studies in nursing programmes had full-time jobs that kept them busy. Also, the lecturers were busy with their lecturing jobs and multiple professional nursing council examinations, as were some of the students who teach in schools of nursing and midwifery. They were busy with conducting the professional nursing examinations such as General Nursing Council Examination the Post-basic Midwifery Council Examination and other Post-basic examinations such as, among others, the Public Health Nursing Council Examination, Psychiatric Nursing Examination, and Cardiothoracic Nursing Examination). These examinations take place annually at different times in non-degree nursing programmes undertaken by registered nurses after obtaining the basic registered nurse (RN) certificate.

To add to the stress, most of these people did not respond to phone calls, text messages and emails as discussed earlier. The challenge was managed successfully by repeated visits and re-scheduling of the appointments in a more convenient venue, not necessarily their place of study. For employed, registered and graduated students, most of the interviews were conducted in their various workplaces.

⁷Post-basic nursing programme in Nigeria refers to any non-degree nursing programmes undertaken by a registered nurse after the basic registered nurse (RN) certificate.

The researcher's flexibility as to venue proved very helpful amidst the participants' tight schedules.

It was interesting to note that most of the participants, especially the registered and graduated students, were excited about the research topic. According to some of them, this was the first research on the topic to be conducted in Nigeria, and that signified a wind of change coming into the slow-moving world of postgraduate nursing education. Their reaction was significant to me because I did not expect it, given that the study would explore challenges I assumed they would be reluctant to share. The reverse, however, was the case as some saw the interview as an opportunity to express their bottled-up feelings about their experiences.

The interaction opened my eyes to areas that could be explored to improve postgraduate nursing education in Nigeria. The new opportunities include nursing education exchange programmes and collaboration or partnership with foreign universities that are ahead of Nigeria in postgraduate nursing education. This passion came as one of the lecturers shared his experiences of a one-month exchange programme on e-learning in which he was sponsored by UNICEF to participate in Holland in 2014. His stories reminded me of a presentation on the Jordan Youth Exchange and Study Project to the ENTER-2014 Conference held at Robert Gordon University, Aberdeen. Such interactions and collaborations with

foreign universities would be a great avenue for improvement of postgraduate nursing education in Nigeria.

I was pleased to discover in the course of my interview at the Department of Nursing, the University of Nigeria Nsukka, that the University Senate had given the department an ultimatum in October 2015 to graduate at least 100 postgraduate nursing students by the end of March 2016 or have the postgraduate nursing programme closed down indefinitely. This was a good development because, as at the first week in March, the department had already graduated over 50 postgraduate nursing students in response to the ultimatum. At the same time, in October 2015, the Department of Nursing, Obafemi Awolowo University initiated a review of its postgraduate nursing programme. I really wondered if these were mere coincidences or if my project topic and research plans, communicated to the schools earlier in 2015, had motivated the on-going change process; how I wish it would continue!

Although they were as excited about the research topic as the students, the lecturers and policymakers requested further information on the topic of study before they opened up fully for discussion and interview. This was not surprising given their positions in postgraduate nursing education and their various offices, which would have been at risk if they had granted anyone interview without sufficient information to enable them to give their informed consents. The researcher expected this reaction from the lecturers before going to the field, hence, the adoption of the appreciative inquiry approach. Although the data collection process faced many unexpected challenges as well as expected ones, it was generally a huge success.

10.5 Research progression and adjustments

I formally resumed my doctoral degree programme on 3 November 2014. Although I resumed late, being an alumnus of Queen Margaret University helped me to adjust early to the new environment. The key milestones on the doctoral programme at Queen Margaret University include submission of an outline proposal, main proposal submission and probationary assessment, and obtaining ethical approval. After the ethical approval came the data collection and analysis, a further assessed seminar, and writing up of the findings from the study.

I describe these milestones as like the furnaces that enable the pure metal to be refined from its ore. At each milestone, I received challenging, constructive feedback and criticism, which gave shape to the research work through continuous literature search and review. The outline proposal feedback did not lead to any significant change in my work. Although I was not satisfied with the assessors' feedback, their criticisms helped me to keep a full grip on my research by clarifying my research topic, research questions and objectives in response to the concerns they raised. In addition, the issues they pointed out showed me where to unearth significance and prepared me for what to expect in the subsequent assessments.

The feedback from the probationary assessment assessors (written submission and viva) was useful in giving shape to my work. The major changes that took place were adjusting my research topic to include "experience", reducing my research objectives from five to three, and using stronger verbs, such as explore, examine, and investigate, with my study objectives. Furthermore, the constructive feedback reminded me of the need to write a summary at the end of each chapter of my work.

The ethical approval process was another useful stage that awoke in me the awareness of the need for dotting every “i” and crossing every “t”. My awakening to this important aspect of risk management has remained active in me throughout the period of the process and beyond.

The data collection stage was another critical time for reflection in my work. Each day when I went to the field and came back, I would see the need to return to my literature review chapter and update it. The challenges encountered in the field, although they were expected and prepared for, taught me the need to be proactive in project management. The reflexive approach adopted during the interview and in taking field notes helped me to avoid influencing the data analysis and discussion.

The initial data analysis made me realise the need to further adjust the research objectives and questions. Before adjustment, my three specific research objectives were:

1. To investigate the experiences of postgraduate nursing students enrolled in postgraduate nursing education programmes in Nigeria.
2. To examine nurse-lecturers’ views about the postgraduate nursing programme from a Nigerian perspective.
3. To explore nursing education policymakers’ assessment of the overall performance of Nigerian postgraduate nursing education programmes to date.

Before adjustment, my three research questions were:

1. What are the experiences of the postgraduate nursing students through the postgraduate nursing education programme?
2. What are the lecturers' views of the postgraduate nursing education programme?
3. What are the views of postgraduate nursing education policymakers about the overall performance of postgraduate nursing education programmes provided in Nigeria?

The researcher made the above amendments to the specific objectives and the research questions based on the trend of the data analysis, and emerging themes.

1. To investigate the experiences of postgraduate nursing students enrolled with a postgraduate nursing education programme in Nigeria.
2. To explore the factors influencing the postgraduate nursing students' experiences with the postgraduate nursing programmes in Nigeria.
3. To examine the participant's assessment of the overall performance of the postgraduate nursing education programmes in Nigeria to date in relation to the students' experiences.

Research questions are:

1. What are the experiences of the postgraduate nursing students through the postgraduate nursing education programmes?
2. What are the factors affecting the postgraduate nursing students' experiences through the postgraduate nursing education programmes?

3. What are the views of the participants on the overall performance of the postgraduate nursing education programmes provided in Nigeria about students' experiences to date?

The assessed seminar 2 feedback helped in strengthening the philosophical, epistemological and ontological standpoints underpinning my research. The questions that were asked during the oral presentation gave me a clue what to expect in the final viva. The questions centred more on reflection and reflexivity. The literature search I embarked upon to address the concerns of the assessors was useful in making the methodology chapter more robust.

Although this is not the right medium for acknowledgement, I must commend the untiring efforts of my team of supervisors. I tapped into their expertise and wealth of experiences during 38 joint and individual supervision meetings with them. The supervision relationship was not that of bosses with a subordinate, but more like partners with a common goal – timely completion of this thesis. The most interesting aspect of the relationship, in my view, is that the researcher was always in the driving seat, from beginning to the end. Although challenging, this was particularly interesting for me in the context of my research questions, because it provided an example of how the culture of the researcher independence and complete ownership of the thesis was fully encouraged.

One lesson that I cannot forget in this journey is that the thesis plan is just a guide whose course keeps changing as the research progresses. As demonstrated in the initial and the revised time plan below, it is extraneous variables that can make it

difficult for a research degree student to meet his expectations regarding the period to completion.

Time plan: The study will last for 36 months and the breakdown of activities schedule is as shown below (break periods not included).

Tasks	Duration in months (36)	Remarks
Literature review	Continuous	Ongoing
Outline proposal writing and submission	3 months	Completed and submitted on 6 th February 2015.
Main proposal writing and submission and ethical approval submission	5 months	Submitted on 3 rd July 2015.
Proposal defence and ethical approval	1 month	
Literature review	Continuous	
Preparation to travel to Nigeria for data collection	1 month	
Preparation for data collection (Correspondence and participants recruitment)	2 months	
Data collection (questionnaire and interview)	4 months (1 month each for the 3 universities and 2 weeks each for N&MCN and NUCN)	
Data transcription and preparation to return to QMU	1 month	
Literature review	Continuous	

Data analysis	3 months	
Initial report draft writing and correction	3 months	
Final report writing and submission	3 months	
Preparation for thesis defence and the actual defence.	2 months	
TOTAL	36 months including periods of literature review and holidays.	

The revised proposed time plan

S/No	Proposed plan	Proposed time	Remarks
1	Literature review	Continuous from late October 2014	Ongoing
2	Outline proposal writing and submission	Three months (October 2015 – late January 2016)	Completed and submitted on 6th February 2015.
3	Main proposal writing	Five months	Completed and submitted

	and submission. and ethical approval submission	(February 2015 – July 2015)	on 3rd July 2015.
4	Proposal defence and ethical approval	One month (July 2015 – August 2015)	Passed probationary assessment and obtained ethical approval in September 2015
5	Literature review	Continuous	Ongoing
6	Data collection	Six months (October 2015 – March 2016)	Completed in April 2016
7	Data transcription and initial analysis	Four months (April 2016 – August 2016)	Completed in December 2016
8	Holiday	One month (Early December – early January)	Went on holiday in December 2016 and came back in January 2017
9	Initial report writing and submission to my supervisors	9 months (September 2016 – May 2017)	Still ongoing as at July 2017
10	Assessed Seminar 2	27 th April 2017	Had an Assessed Seminar 2 on 27 th April 2017 and submitted specified revisions on 8 th July 2017
11	Submission of final thesis report draft to my supervisors	September 2017	Yet to do

12	Submission of final thesis report to the Graduate School Office	October 2017	Yet to do
13	Final viva	December 2017	Yet to do
Total			

Conclusion: The researcher began this chapter by differentiating between reflexivity and reflection; he further explained how these two concepts influenced the research process. The researchers' profile, his research experience, and motivation for his doctoral degree research topic came next. The motivation for the choice of topic was to gain better understanding that would help him contribute to the development of nursing in Nigeria. The chapter ended with the discussion of the research progression and the necessary adjustments that took place at each stage of the study. The next chapter contains a summary of the whole thesis.

11. CONCLUSIONS

Introduction

Postgraduate Nursing students in Nigeria are faced with obstacles to completing their programmes for various reasons not understood before this research work (Ndatsu 2004). The researcher did an initial literature search around the problem to get a clear focus on the study topic, objectives, and the research questions guiding the study. This chapter will summarise the key issues that have emerged from the study, the contribution of the study to knowledge and the implication of the emerging issues to nursing education in Nigeria and beyond.

The current number of registered nurses (RN) holding at least the minimum registration qualification of a diploma from the schools of nursing in Nigeria is 136,000 (NMCN 2013). This number includes nurses of all cadres; since NMCN does not have separate registers for first-degree, master's degree, and doctoral degree holders in nursing, it is difficult to classify these nurses as such (NMCN 2013). However, at a rough estimate, less than 10% of registered nurses have a first-degree in nursing, fewer than 0.1% have a Masters of Nursing degree, and fewer than 0.01% have a doctoral degree in nursing or a related field.

Three challenges motivated the researcher to embark on the study: the need to produce a larger nursing workforce with higher qualifications, the low programme completion rate of the postgraduate nursing students, and the problem of retention of

postgraduate nursing students. This study sought to understand the experiences of registered and graduated postgraduate nursing students on their journeys to programme completion or withdrawal in Nigeria. The researcher sought to achieve this aim by investigating the experiences of postgraduate nursing students enrolled on postgraduate nursing education programmes in Nigeria, and exploring the factors influencing postgraduate nursing students' experiences with the postgraduate nursing programmes in Nigeria. Moreover, he examined the participants' assessments of the overall performance of the postgraduate nursing education programmes in Nigeria to date, in relation to the students' experiences.

An inductive qualitative methodology was employed in this study, utilising focused interviewing. This approach is a technique that allows respondents the time and scope to discuss their opinion on a particular subject (Denzin and Lincoln 2005). The study was conducted in three universities in Nigeria, namely the University of Nigeria, Nsukka, the University of Ibadan and Obafemi Awolowo University, Ile-Ife. Those that participated in the study included existing students (those who had spent more than a year and were still in the programme), and former postgraduate nursing students of these three universities. The sample also included students who withdrew from their programme for one reason or the other. Other key informants included lecturers from the above three universities, staff members of the National Universities Commission of Nigeria (NUC), and staff members of the Nursing and Midwifery Council of Nigeria (NMCN).

Three major themes emerged from the data which was collected through one-on-one interview. After a critical examination of these emerging themes, sub-themes and codes, the researcher extracted three themes for discussion from the emerging

themes. The themes extracted for discussion included the experiences of the students, the challenges of postgraduate nursing education programme in Nigeria, and the participants' opinions on areas of improvement. The discussion used an interpretivist framework guided by a critical realist worldview to critically evaluate the students' experiences in their postgraduate nursing programmes. Drawing from the participants' suggestions, the challenges would be addressed by improving the learning environment, developing the workforce, seeking alternative means of student funding, and international collaboration.

The researcher hopes to disseminate the findings from this study by sending a report to funders and publishing articles in professional journals. Furthermore, he would make use of internet publishing by developing his own website and sharing some of his findings with his contacts. Also, he hopes to develop a network with other researchers and organisations with common research interests to disseminate the findings. The examples of the professional journals of interest include the West African Journal of Nursing, International Journal of Nursing, Royal College of Nursing websites, and Journal of Nursing Education. These journals are widely read by nurses and other healthcare professionals in Nigeria and the world over. The findings could be utilised through any of these three major models; the instrumental model, the subliminal diffusion model, and the persuasive model (Gerrish and Lacey 2010).

11.1 Implications of findings for nursing education and nursing practice

The emerging issues from the study that have strong implications for nursing education and practice are the mismatch between students' expectations and their experiences, the impact of weak foundation on nursing profession in Nigeria, and the need for building international partnerships. These issues and how they impact on nursing profession in Nigeria will now be discussed.

11.1.1 The disconnection between students' expectations and their experiences

Judging from the different comments of the participants, there seems to be a disconnection between students' expectations and their experiences. In addition, students, lecturers, policymakers, and the government seem to have divergent interests which impact negatively on students' experiences. Whereas the students expect the lecturers to guide them through the postgraduate programmes, the lecturers expect the students to take full ownership of their academic work through independent study. The policymakers, on the other hand, expect students to produce quality research outcomes and complete their programmes on time.

Sheehan (1993) argues that for students to achieve quality research outcomes and for postgraduate institutions at the same time to provide quality training is difficult to achieve. Sheehan (1993) maintains that it is not feasible because of the seemingly conflictual relationship between attaining quality research outcome by students on training and providing quality training by the lecturers and other postgraduate

stakeholders who also have their aims aside from the broad aims of the postgraduate programme. Until these differing expectations are addressed by the necessary stakeholders, nursing education at postgraduate level will continue to struggle. Nursing practice will also continue to face the challenge of workforce shortages, especially of those with higher educational qualifications.

11.1.2 Foundational issues and the public image of nursing in Nigeria

As discussed in the introductory chapter, Nigerian nursing education grew from initially limited numbers of missionary establishments to a more substantial expansion of urban hospital-based schools from 1945 (NDATSU, 2004). A member of the Nursing and Midwifery Council of Nigeria, who is also a professor of nursing, pointed out during an interview with the researcher that nursing education in Nigeria started without mentorship. Despite the fact that both Nigeria and the United States of America borrowed from British educational policies, American education policy was influenced by British elites with higher academic qualifications, while the Nigerian education policy was influenced by British missionaries who were of a low educational profile (Anyanwu, 2006).

The influence of these relatively poorly educated missionaries is discernible in their effect on the programme structure of postgraduate nursing education in Nigeria (Ndie 2014). Their impact can be seen in the overloaded programme structure that delays students' programme completion period. Moreover, the public perception of nursing as a physician-assistant role (Deloughery 1977) in Nigeria stems from these

foundational issues regarding the programme structure, content, and constructive alignment. The foundational problems need to be addressed in line with the sociocultural and political context of Nigeria. The programme structure should reflect the current educational system in Nigeria regarding content, flexibility, and workforce. Investing in international partnerships could be a useful step in addressing the shortage of teaching staff at postgraduate level. Such partnerships could also enhance the exchange of ideas regarding programme structure and contents that are constructively aligned (Gibb 2008).

Nursing education in Nigeria, especially at postgraduate level, is still struggling to survive in a male-dominated environment (Ekpe, Aloba and Egbe 2014). In contrast to other health professions (medicine and surgery, pharmacy, medical laboratory sciences and radiology) that are male-dominated, nursing is poorly represented at the policy formulation and decision-making level (Ekpe, Aloba and Egbe 2014). This prevailing circumstance has negatively impacted on all aspects of the nursing profession in Nigeria, including the education sector, and political elites formulate stringent policies that are not favourable to nursing (Ayandiran et al. 2013). The strict policy issues are manifest in the area of accreditation of postgraduate nursing programmes. For instance, in Nigeria with over 180 million people, there are only three main providers of postgraduate nursing education as discussed in the first chapter.

The low level of representation of nursing in the governance of Nigeria and the lack of political will to promote nursing inclusion and equality in policymaking can be traced back to the origins of the profession. The inadequate representation and lack

of political will could be linked to the erroneous assumption that nursing is a woman's profession (Deloughery 1977) and that women should only be seen and not heard (Ekpe et al. 2014). This notion led to the exclusion of nurses from politics, policy and decision-making issues in Nigeria because they are women (Okafor and Akokuwebe 2015). The nursing profession, in turn, suffers. As in the findings of Johnson, Cowin, Wilson and Young (2012) in Australia, the image of nursing in Nigeria is very poor. This impression could be corrected if more Nigerian nurses were to go into politics: such involvement could offer greater opportunity to participate in formulating policies that would be of benefit to the profession.

Despite the National Gender Policy to counter discrimination against women's participation in politics in Nigeria (National Gender Policy (2006) (Okafor and Akokuwebe 2015), the percentage of Nigerian women at policy formulation level is still less than 5% instead of the proposed 35% (Gender Audit and IPU PARLINE database 2003 and 2008). With this discrimination by the political elites against women's political participation in Nigeria, the effect on a female-dominated profession, especially in postgraduate nursing education, is foreseeable (poor attention to policy issues, lack of workforce development, and uncoordinated educational programme structure). There is an urgent need to address the issue of gender inequality in Nigeria regarding women's representation in the political process.

11.1.3 International partnerships in postgraduate nursing programmes

Colleges and universities the world over are struggling with how best to equip their graduates with the knowledge and skills needed to succeed in the global market and how best to ensure their relevance in the global higher education community. When done with all diligence, in accordance with the overall institutional aims and mission, building relationships with counterparts abroad could contribute significantly to addressing these issues (American Council on Education 2015).

As discussed in chapter 3 of this thesis, the United Kingdom Higher Education International Unit (2013), states that the main drivers of an international academic partnership include cross-border research, establishing reputable marketing arrangements with the overseas universities, maintaining academic standards, and international work placement contracts. Others are access to international services (internet services and technological innovation) and teaching collaboration. The forms of partnerships as identified by the United Kingdom Higher Education International Unit (2013), the America Council on Education (2015), and University College London (2017) are validation agreements, articulation agreements, joint awards, multiple or dual agreements, teaching contributions, split-site doctoral programmes, study exchanges, and flying faculties. Although collaborative approaches may take different forms, the joint award, the franchise, the split-site doctoral partnership, and student exchange programmes would probably suit Nigeria better given its socio-political structure.

11.2. Recommendations

The following recommendations are made to each of four stakeholder groups of policy makers, universities, staff and students respectively.

For policy makers

- Review of programme structure and curricula. The areas to address include making a clear distinction between part-time and full-time students regarding programme structure and duration, trimming down the curricula content, and involving students in programme planning and implementation (the postgraduate students should have a clear plan of their programme from beginning to end regarding content and duration).

For the Nigerian universities

- Infrastructural development: if the lecturers have access to well-equipped libraries with functional internet services, computers, and projectors, they will be adequately prepared to supervise the students effectively.
- Adequate training of research supervisors, and provision of a supportive research environment to sustain the interest and productivity of the lecturers and postgraduate students.
- Innovative collaboration and partnership with international universities
- Innovative fundraising activities to adequately support the postgraduate nursing students through scholarship schemes.

- Workforce development through sponsorships and international collaboration with foreign universities.
- Employing more lecturers, improving libraries and providing internet facilities to help students produce dissertations and theses to a high standard and at a faster rate
- Increasing the financial incentives for nurse lecturers, to make teaching jobs more attractive to the qualified clinical nurses who wish to become lecturers. Putting nurse lecturers' salaries on par with those of the clinical nurses would encourage those with prerequisite teaching qualifications to switch over to lecturing.
- Adequate buildings with enough classroom spaces, office accommodation, space for libraries, and suitable furnishings to make the university environment favourable for effective learning.
- Furthermore, libraries should be stocked with current books and modern equipment.
- Collaboration or partnership with foreign universities as a way forward in tackling the challenges of postgraduate nursing education in Nigeria.

For academic staff

- Motivating students to start their dissertations or theses on time, and monitoring their academic progress, should be made less problematic.
- Mentoring the students throughout the course of their postgraduate programmes
- Personal development through workshops, seminars and conferences

For students

- Personal development through independent studies
- Personal motivation through target setting and periodic evaluation

11.3. Emerging issues to explore further

Three emerging issues have captured the researcher's interest for further exploration. These areas are the impact of gender in the nursing profession, the relationship between students' expectations and their experiences in Nigeria, and the effect of international partnership on postgraduate nursing education in Nigeria.

Nursing in Nigeria is a female-dominated profession. Drawing on the researcher's experience as a male nurse from Nigeria, the ratio of male to female in any nursing institution is estimated at 1:10. Reflecting on the non-verbal expression of a male student in the course of the interview, he was very reserved about this particular

issue when prompted further by the researcher. The way in which female dominance within the nursing profession influences the students' experiences, is another research topic of study. It is also worth considering the paternalistic culture which permeates the political system setting in Nigeria.

The relationship, which discloses something of a disconnection, between students' expectations and their experiences is another area that should be investigated. The researcher hopes that obtaining robust information in this area would help to identify and correct the existing misconceptions, which would, in turn, improve students' experiences with completing their programmes.

Establishing international partnerships in postgraduate nursing education between Nigerian universities and the departments of nursing in foreign universities is worth exploring as action research. The countries of preference are the United Kingdom and the United States of America because of their relative advancement in postgraduate nursing education, compared to Nigeria. International partnership is a priority post-doctoral research area for the researcher, whose interest was piqued by the success stories shared by one of the interviewees in this study. Addressing the concerns in this area and carrying out further research on the emerging issues would go a long way towards improving the programme completion period of postgraduate nursing students in Nigeria.

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APPENDIX A: SUMMARY OF LITERATURE SEARCH

Summary of literature search

Database	Keywords	Search documents	Inclusion and exclusion criteria	Summary of number of hits
SCOPUS	The keywords for the search include nursing in Nigeria, nursing education, postgraduate nursing education, curriculum development, and challenges of nursing education.	The search document types include reviews, journal articles, proceedings, papers and reports	<p>The search was not limited by year since there are limited studies on nursing education in Nigeria. The use of database was supplemented with internet searches using Google search and different websites such as Pubmed, Wiley-Blackwell and Elsevier. Resources obtained from internet and hand searches were also not limited by year. Among the inclusion criteria were English Language, sources from developed and developing countries such as the United Kingdom, United States of America, Australia, Canada, Nigeria, Kenya, Ghana and South Africa among others.</p> <p>The search areas were limited to medical science, nursing science, nursing education, undergraduate and postgraduate education and educational curriculum development. Any material outside these areas was excluded because the areas mentioned are closely related to the study topic. The document types included are field research reports, reviews, articles and proceedings papers because they represent outcomes of one form of research or another carried out before</p>	1,188 hits out of which 11 were selected as very relevant to the study.

			<p>publication. These documents were restricted to those published in the English Language since English is an international recognised language in which the researcher understands and communicates effectively. Key developed countries (The United Kingdom, United States of America and Australia) were included because of their relative advancement in nursing education. Other countries, including South Africa, were included for ease of comparison.</p> <p>From these sources, the documents that most closely relate to the research topic were selected and supplemented with other sources from specific websites as mentioned earlier. Relevant references (in-text and reference lists) from the reviewed literature were also explored for more information.</p>	
CNAHL	As above	As above	As above	1,600 hits; 13 selected by relevance to the study.
PSYCHOINFO	As above	As above	As above	24 hits; three selected.
PUBMED	As above	As above	As above	228 hits; two selected.
MEDLINE	As above	As above	As above	450 hits ; two were selected.

APPENDIX B: LITERATURE GRID

S/No	Author / year	Title	Place	Aims	Design	Sample	Results	Conclusion	Limitations
1	Abiddin, Z. N; Affero, I. Ismail (2011)	Attrition and Completion Issues in Postgraduate Studies for Student Development	Malaysia	Explore factors that influence students attrition on postgraduate programmes	Systematic review	Not stated	Student completion and attrition rates were 60% and 40% respectively. Factors that influence students' completion and attrition rates include lack of resource and guidance support		
2	Duze, C.O. (2010)	An Analysis of Problems Encountered by Post-graduate Students in Nigerian Universities	Nigeria	Analyse problems countered by postgraduate students in Nigerian universities	Ex-post-facto	438 participants from 25 universities (16 federal and 9 states)	The findings revealed that the system is plagued with numerous complex and deep-rooted problems ranging from systems and procedural problems to socio-political problems and personal/psychological problems.	postgraduate students in Nigerian universities encountered deep-rooted problems which hindered their studies and thus delayed the timely completion of their programmes	
3	Jiranek, V. (2010)	Potential Predictors of Timely Completion among Dissertation Research Students at an Australian Faculty of Sciences	Australia	To survey doctoral research students' completion rates and candidature duration within an Australian Faculty of Sciences	Systematic review (1996 - 2006)	1688 doctoral students	The results suggest an attrition rate of 33% with shorter completion times being seen within the School of Chemistry & Physics and among male and international students with scholarships.	Predictors student success are useful in developing framework within which to develop practices to increase retention and completion rates in other areas of the faculty	

4	Malfroy, J. (2005)	Doctoral supervision, workplace research and changing pedagogic practices	Western Sydney	To examine the increasing move, to more collective models of supervision and collaborative knowledge sharing environments, through the use of research seminars,	Qualitative ethnography	Not stated	The supervisory relationships no longer relied entirely on a dyadic relationship. Whilst the importance of the primary relationship between a supervisor and a student remained integral to the overall management and creative effort, the addition of other factors, such as the use of panels, the changes to management of candidatures, and the unrecognised sharing between supervisors in supporting the students' research ideas, indicated more flexible and open practices and processes in doctoral education. The relationship remained hierarchical, but not in the master/expert and apprentice/novice model. . Both supervisors and students struggled with uncertainty and confusion, partly due to disjunction in expectations, the creative tension of doctoral research and the relatively new research territory of the programs.	Postgraduate pedagogy needs to be conceptualised as more than the relationship between a single supervisor and a student. Instead, it should focus on the importance of collaborative knowledge sharing environments and collective models of supervision.	
5	Manathunga, C. (2007).	Supervision as mentoring: the role of power and boundary crossing	Australia	To examine the role of power and boundary crossing in student supervision	Qualitative interview	Not stated	This article has demonstrated that supervision as mentoring places supervisors and students in contradictory and unequal ways. In other words, supervisors facilitate students' development as independent researchers, while, at the same time regulating students' identities.	Whereas mentoring students is a positive supervision strategy, it is important for supervisors to clear or resolve inherent contradictions.	

6	Agu, N.; Kayode, G. O. (2013).	Variables Attributed to Delay in Thesis Completion by Postgraduate Students	Anambra	To find out the variables attributed to delay in thesis completion by postgraduate students	Descriptive survey	212 delayed postgraduate students	The study revealed that supervision schedule, students' interest and predisposition towards research work, student's skill in the conduct of research and availability of needed research support (resources) are major attributive variables to delay in thesis completion. It was also found out that supervisor and supervisee working relationship does not delay thesis completion significantly.	It was recommended that the students should be properly trained in research methods as well as encouraged to show profound interest towards their research work.	
7	Park, C. (2011)	War of attrition: patterns of non-completion amongst postgraduate research students	Lancaster, United Kingdom	To examine patterns of non-completion rates among postgraduate research students	Case study	1376 postgraduate students	Non-completion rates are higher than expected. Higher with increasing age, higher with UK students, followed by EU students and least with overseas students. Higher for part-time students and lower for full-time students. Lower for science students than non-science students. No significant difference with gender. Lower for alumni students than non-alumni students	Non-completion rate higher among students aged 40 and above, from the UK, part-time students, non-science students, and non-alumni of the University	
8	Boor, J. R. P. (1996).	Postgraduate education in nursing: a case study	Northern Ireland	to develop nurses who have the necessary knowledge and skills to function as advanced practitioners and, concurrently, to prepare nurses able to undertake high-quality research which will	Case study	1 university	The programme seems to be attracting a large proportion of nurse teachers. However, this programme does have a strong clinical orientation.	This programme has the potential to provide a very important cadre of PhD qualified nurses, able to make very valuable contributions to the development of both patient/clients care and to the discipline of	

				contribute to the knowledge and theoretical base of nursing				nursing	
9	Sheehan, J. (1993)	Issues in the supervision of postgraduate research students in nursing	England	Systematic review	Not stated	To explore the issues in the supervision of postgraduate research students in nursing	Research Degree in the United Kingdom, students' expectations, and nursing contexts were explored.	The outcome of a research degree course may be considered in terms of the personal development of the student. The outcome may also be considered in terms of the rigour with which the problem was analysed, investigated and reported and the quality of the intellectual ability used	
10	Lekalakala-Mokgele, S. (2008)	Expectations of postgraduate nursing Students: an inquiry	South Africa	To investigate students' expectations regarding their research supervision in a postgraduate nursing programme	. Quantitative study	Not stated	More than 80% of the postgraduate students in the study expected the university and the department to provide them with structures that would enable them to succeed in their studies. Also, students had a major role to play in ensuring that studies were completed	Making a code of practice for postgraduate supervision available to students. The use of a learning contract to clarify roles and expectations in the supervisory process. Supervisors should be trained	

								to supervise students	
11	McDonald, S., Willis, G., Fourie, W., and Hedgecock, B.	Graduate nurses experience of Postgraduate education within a nursing Entry to practice programme (NETP)	New Zealand	To explore graduate nurses' experiences of postgraduate education within an NETP programme.	Cross-sectional survey	Not stated	Participants felt well prepared for postgraduate studies at academic, personal and professional levels, although most suggested that NETP programmes could allow for a stand-down period of three to four months before postgraduate education is introduced.	This study revealed that the number and nature of postgraduate courses offered in an NETP programme require further investigation.	
12	Johnson, M., and Cowin, L. (2013) Nursing Education Research/nurses qualities scale Vol. 44, 2 (111)	Measuring the qualities of nurses: developing and testing of the qualities of nursing scale	Canada	To report on the creation, development testing of a new instrument to test the qualities of nurses (the qualities of nurses scale)	Survey	678 first year nursing students	The instrument was found to be reliable	The instrument could be used in the assessment of students' perception of nurses	
13	White, J., Williams, R. W., and Green, F. B. (1999)	Discontinuation, leaving reasons and course evaluation comments of students on the common foundation programme	Wales	To reduce student nurse wastage and maintain recruitment to a workforce of professional nurses.	Quantitative study	315 students	The findings revealed an attrition rate of 21%. The students' reasons for leaving include course-based problems, assessment failure, and voluntary drop-out		
14	Ofi, B., Sowunmi, L., Edet, D. and Anarado, N. (2008)	<i>Professional nurses' opinion on research and research utilization for promoting quality nursing care in selected teaching hospitals in Nigeria</i>	Nigeria	To investigate nurses' knowledge base for research conduct, attitudes towards research and perceived barriers to	Quantitative descriptive survey	500 nurses	Educational level has a significant effect on the knowledge base (P 0.05). A significant difference (P 0.05) was found between the hospitals concerning conducting research and collaboration. Fifty per cent of the respondents held positive attitudes	Nursing services managers and educators should promote better research education focusing on practitioners'	

				research utilization.			towards research conduct and utilisation, and 40.8% reported utilising findings frequently.	knowledge/experience and attitudes towards research.	
15	Honey, M. (2004)	Flexible learning for postgraduate nurses: a basis for planning	New Zealand	To establish the access to and use of computer and information technology in New Zealand	Survey	Not stated	Not all students have access to information technology for study	There is need to improve students' access to technology for study purposes	
16	United Kingdom quality Code for Higher Education (2014)	Doctoral degree characteristics: draft for consultation	Edinburgh, United Kingdom	To produce a document for consultation					
17	Prymachuk, S., Easton, K. and Littlewood, A. (2009).	Nurse education: factors associated with attrition.	Manchester	To identify factors having impact on student completion rates in a pre-registration programme	Retrospective cohort study	1259 students	The factors affecting completion rates are age, qualification, students' personal factors and the lecturers	To improve student retention, mature maturity by age, qualification, course structure and students' support should be considered	
18	<i>Dolamo, B. L. and Olubiye, S. K. (2013).</i>	<i>Nursing education in Africa: South Africa, Nigeria and Ethiopia experiences.</i>	Nigeria	To assist modern states in Africa to learn from the past in order to make good decision for the present	Systematic review	Not stated	Nursing education in African countries has common origin although there are differences arising from contextual differences	Nursing education in Africa requires funding, frequent curriculum and policy review	
19	Ayandiran, E. O., Irinoye, O. O., Faronbi, J. O. and Mtshali, M. G.	Educational reforms in Nigeria: how responsive is the nursing profession?	Nigeria	To explore Nigerian education system, its reforms and current status of nursing education	Systematic review	Not stated	Nursing education in Nigeria has evolved through changes in the countries educational set-up. The first set of nurse trainees started with low educational qualifications (standard six). Whereas nursing education has	Nursing education in Nigeria has gradually transited from a basic nursing programme to a	

	(2013).			in Nigeria			responded to the reforms in the Nigerian educational system, the responsiveness is very slow.	university- based nursing programme	
20	Agbedia, C. (2012).	Re-envisioning nursing education and practice in Nigeria for the 21 st century.	Nigeria	To explore the current situation and future development of nursing education and practice in Nigeria.	Systematic review	Not stated	The issues in nursing education and practice include the programme structure that does not allow adequate preparation to practice in a biomedical environment, and shortage of nursing workforce	The way forward includes innovative partnership to address the educational system; prioritising nursing research; funding nursing education; integrating technology into nursing education and practice; and reviewing the nomenclature in nursing to reflect different levels of preparation and roles.	
21	Milberg, G. L., Berg, L., Lindstorm, I., Petzall, K. and Ohlem, J. (2010).	Tension related to the implementation of postgraduate degree project in specialist nursing education.	Sweden	To examine the introduction of the postgraduate programme into specialist nursing education for two and half years five in universities	Participatory action research was used	Not stated	The introduction of the postgraduate programme generated tension that led to delay in students' study completion period.	Tension is a general phenomenon when new programmes are introduced because of uncertainties	
22	Ndatsu, P. N. (2004)	.Nursing and Midwifery Council of Nigeria's role in maintaining standard in nursing education and practice. A paper presented at the conference of the	Nigeria	To explore the role of NMCN in maintaining standard in nursing	Conference paper	Not applicable	Not applicable	Not applicable	Not applicable

		committee of principals of schools of nursing, psychiatry and midwifery (COPSNPAM)								
2	Etim, J. 1976.	A comparison of education systems in Nigeria and the United States of America. A thesis submitted in partial fulfilment of the requirements for the degree of Master of Science in Education, Portland State University, 1976.	Portland	To compare the educational systems in Nigeria and the United States of America	Systematic review	Not stated		The educational systems in Nigeria and the United States of America have their origins from the United Kingdom but the operations differ because of differences in context		
24	Ndie, E. C., Okafor, S., John, M., Ezenduka, P., Okoronkwo, I. and Agbadia, C. 2014.	Revised nursing science undergraduate curriculum, Ebonyi State University, Abakaliki-Nigeria. Abakaliki	Nigeria	To review the curriculum of the undergraduate nursing programme of Ebonyi State University, Abakaliki	Curriculum review	Not applicable	Not applicable	Not applicable	Not applicable	
25	Ndie, E. C., Okafor, S., John, M., Ezenduka, P., Okoronkwo, I. and Agbadia, C. 2012.	Proposal for the postgraduate programme for Department of Nursing, Ebonyi State University. Abakaliki	Nigeria	To develop a working document for the establishment of postgraduate nursing programme at the Department of Nursing, Ebonyi State University, Abakaliki	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	
26	Okafor, E. A., and Akukowebe, M. E. (2015).	Women and Leadership in Nigeria: challenges and prospects.	Nigeria	To examine factors influencing political and socioeconomic	Systematic review	Not stated	The main factors include harmful cultural practices, traditional role of	Women should be empowered to participate in politics in Nigeria		

				disparity between men and women in Nigeria			females in carrying out household chores, poor access to educational and scholarship facilities, crime and corruption, and non-extension of equal rights to all citizens, especially women		
27	Fagbedabeyo, O. 2008	Governance, Corruption and Political Instability in Nigeria.	Nigeria	To examine relationship that exist among corruption, governance and political instability in Nigeria	Systematic review	Not stated	There is a dysfunctional state of affairs in Nigeria. This is due to inadequate resources, weak legislation and patron-client or political 'godfather' relationships		
28	Olumuyiwa, A. T. 2016.	Bureaucratic Politics and Policy Development: issues and challenges.	Nigeria	To assess the role of bureaucracy and national development in Nigeria	Systematic review	Not stated	The public bureaucracy in Nigeria is expected to play a significant role in the socio-economic transformation of through innovations.	The bureaucracy is a directory of failed policies and projects	
29	Ojo, P. O., Aworawo, F., And Ifedayo,	Governance and Challenges of Socioeconomic Development in Nigeria	Nigeria	To examine the challenges of governance in the	Systematic review	Not stated	The challenges are structural inefficiencies,		

	T. E. 2014.			socio-economic development of Nigeria			political instability, lack of commitment to focussed development strategies, and the effect of colonisation		
30	Ekpe, D. E., Aloba, E. E., and Egbe, I. J. 2014.	Women, gender equality in Nigeria: a critical analysis of socioeconomic and political gender issues.	Nigeria	To analyse the impact of gender inequality on the socio-economic and political issues in Nigeria	Systematic review	Not stated	Women are excluded from participation in politics, economic activities and social interactions	Women's empowerment is important in order to achieve gender equality	
31	Health Resource and Service Administration . 2013.	The United States of America nursing workforce: trends in supply and education.	United States of America	To provide an update on the American nursing workforce	Enumeration	141,000 nurses in the United States of America	There were 2.8 million RNs (including advanced practice RNs) and 690,000 LPNs in the nursing workforce in 2008 to 2010. About 445,000 RNs and 166,000 LPNs lived in rural areas (about 16 percent of the RN workforce and 24 percent of the LPN workforce).		
32	National Universities Commission of Nigeria. 2012.	Manual of accreditation procedures for academic programmes in Nigerian universities	Nigeria	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
33	National Universities	Structure and function of National universities	Nigeria	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

	Commission of Nigeria. 2014.	commission of Nigeria							
34	Nursing and Midwifery Council of Nigeria. 2012.	History of nursing education in Nigeria	Nigeria	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
35	Nursing and Midwifery Council Of Nigeria. 2009.	The minimum requirement for general nursing education in Nigeria	Nigeria	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
36	Nursing and Midwifery Council of Nigeria. 2013.	<i>History of nursing education in Nigeria</i>	Nigeria	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
37	Nursing and Midwifery Council of Nigeria. 2015.	History and functions of Nursing and Midwifery Council of Nigeria.	Nigeria	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
38	Essa, I., 2011	Reflecting on some of the challenges facing postgraduate nursing education in South Africa	South Africa	To examine why postgraduate students in South Africa do not complete their programmes	Qualitative Cohort study	29 students	They could not complete their programmes because of lack of support, and inability to cope with the demands of the programmes	The findings need to be addressed if nursing could attain the desired transformation	
39	Bell, S., Anne, Romanski, S., Bam, V., Donkor, E. and Lori, J., 2013	Analysis of nursing education in Ghana: Priorities for scaling-up the nursing workforce	Ghana	To describe current status of baccalaureate nursing education in Ghana and the challenges	Cross-sectional descriptive design	150 students	There are inadequate training facilities, and shortage of qualified nurses to train the overwhelming number of students	The findings from this study will contribute to the improvement in nursing education in Ghana	

40	Eddins, E., E., Hu, J. and Liu, H., 2011.	Baccalaureate Nursing Education in China: Issues and Challenges	China	To understand the issues and challenges of baccalaureate nursing education in China	Systematic review	Not stated			
41	Scanlan, J., M. And Hernández, C., Abdul, 2014.	Challenges of implementing a doctoral program in an international exchange in Cuba through the lens of Kanter's empowerment theory	Cuba	To describing and analysing the challenges of implementing the doctoral programme in nursing in Cuba	Systematic review	Not stated	The findings reveal the challenges to include resources, support system, technological issues and internal politics within the academic system		
42	Johnson, M., Cowin, L.S., Wilson, I. and Young, H., 2012.	Professional identity and nursing: contemporary theoretical developments and future research challenges.	Australia	To explore factors affecting professional identity in nursing and improve students' retention in the programme.	Systematic review	Not stated	From their findings, the students and the public have a poor orientation about the professional identity of nursing		
43	Davis, S.P., Davis, D.D. and Williams, D.D., 2010	Challenges and issues facing the future of nursing education: implications for ethnic minority faculty and students	United States of America	To explore the future challenges of nursing education	Systematic review	Not stated	Resource constraint, learning styles and places, completion for clinical sites, and focussing on basics are the major challenges facing the future of nursing education in the United States of America.		

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APPENDIX C: INTERVIEW GUIDE, PARTICIPANTS' INFORMATION SHEET AND CONSENT FORM

INTERVIEW GUIDE

Department of Nursing Sciences,
School of Health Sciences,
Queen Margaret University,
Edinburgh.

30th August, 2015.

Dear Respondents,

This interview guide is specially designed to gather information on the topic “Postgraduate nursing education in Nigeria: understanding registered and graduated students’ journey to completion or withdrawal’. The first part requires that the interviewee supplies short answers as the case maybe to the questionnaire while the second part requires a discussion between the interviewer and interviewee. It is purely for academic purposes and your responses will be treated with utmost confidentiality. You are not expected to write your name on any part of the questionnaire.

Your cooperation and honest answers to the questions will be highly valued.

Yours faithfully,

...*SNwe*.....

Onwe, Simon Nwigboji

A. POLICY MAKERS' PART

Interview guide questions on “Postgraduate nursing education in Nigeria: understanding registered and graduated students’ journey to completion or withdrawal

Instruction: Please discuss your experiences with postgraduate nursing education in Nigeria as may be guided by the following questions. Feel free to ask for clarifications if need be. You are free not to answer any question if you do not want to for any reason and you will not be expected to give any explanation for your action.

1. Looking at your entire experiences and involvement with postgraduate nursing programme in Nigeria, can you please share with me your high point of involvement? What made the experience exciting? What were your major challenges?
2. What do you value most about or what are you proud of with respect to:
 - i. The postgraduate nursing programme in Nigeria as a capacity building programme in nursing profession?
 - ii. The postgraduate nursing programme as a learning programme?
 - iii. The overall performance of the postgraduate nursing programme in Nigeria from its inception till date?
3. What do you consider the core factors that contribute to academic excellence in the postgraduate nursing programme in Nigeria?
4. Imagine you travelled out of Nigeria for an international assignment for five years.
 - i. What are the changes you would be proud to see in the programme on your return?

- ii. Why do you feel that the things mentioned are necessary?
- iii. What are the areas in the postgraduate nursing programme that need to be invested in to make the dreams mentioned above come true?
- iv. Who do you feel will be the key players for these changes to materialise?

B. LECTURERS' PART

Interview guide questions on “Postgraduate nursing education in Nigeria: understanding registered and graduated students’ journey to completion or withdrawal”.

SECTION A: BASELINE DATA

Instruction: Please, fill in this part to the best of your knowledge.

- a. Name of institution.....
- b. Year of postgraduate nursing commencement.....
- c. Entry qualifications.....
- d. Exit points.....
- e. Total number of intakes by year and mode of study.....
- f. Total number of graduands by sets and mode of study.....
- g. Total number that has withdrawn from the programme.....
- h. Reasons for withdrawal.....

SECTION B: THE INTERVIEW GUIDE

Instruction: Please discuss your experiences with postgraduate nursing education in Nigeria as may be guided by the following questions. Feel free to ask for clarifications if need be. You are free not to answer any question if you do not want to for any reason and you will not be expected to give any explanation for your action.

1. Looking at your entire experiences and involvement with postgraduate nursing programme in Nigeria, can you please share with me your most exciting points of involvement? What made the experience exciting? What were your major challenges?
2. What do you value most about or what are you proud of regarding:
 - iv. The postgraduate nursing programme in your institution as a capacity building programme in nursing profession?
 - v. The postgraduate nursing programme as a learning programme?
 - vi. The overall performance of the postgraduate nursing programme in your institution from its inception till date?
3. What do you consider the core factors that contribute to academic excellence in the postgraduate nursing programme?
4. Imagine you travelled out of Nigeria for an international assignment for five years.
 - i. What are the changes you would be proud to see in the programme on your return?
 - ii. Why do you feel that the things mentioned are necessary?
 - iii. What are the areas in the postgraduate nursing programme that need to be invested in to make the dreams mentioned above come true?

- iv. Who do you feel will be the key players for these dream changes to materialise?

C. STUDENTS' PART

Interview guide questions on “Postgraduate nursing education in Nigeria: understanding registered and graduated students’ journey to completion or withdrawal”.

SECTION A: BASELINE DATA

Instruction: Fill in this part to the best of your knowledge.

- a. Name of institution.....
- b. Entry qualification.....
- c. Mode of study.....
- d. Start date.....
- e. Graduation date.....
- f. Still in the programme.....
- g. Have left the programme.....
- h. Number of students in your set.....
- i. Number that have graduated.....
- j. Number that left the programme for at least, four years now
- k. Reasons for leaving the programme.....

SECTION B: THE INTERVIEW GUIDE

Instruction: Please discuss your experiences with postgraduate nursing education in Nigeria as may be guided by the following questions. Feel free to ask for clarifications if need be. You are free not to answer any question if you do not want to for any reason and you will not be expected to give any explanation for your action.

1. Looking at your entire experiences and involvement with postgraduate nursing programme in your institution, can you please share with me your most exciting moments of involvement? What made the experience exciting? What were your major challenges?
2. What do you value most about or what are you proud of regarding:
 - i. The postgraduate nursing programme in your institution as a capacity building programme in nursing profession?
 - ii. The postgraduate nursing programme as a learning programme?
 - iii. The overall performance of the postgraduate nursing programme in your institution from its inception till date?
3. What do you consider the core factors that contribute to academic excellence in the postgraduate nursing programme in your institution?
4. Imagine you travelled out of Nigeria for an international assignment for five years.
 - j. What are the changes you would be proud to see in the postgraduate nursing programme in your institution on your return?
 - ii. Why do you feel that the things mentioned are necessary?

- iii. What are the areas in the postgraduate nursing programme in your institution that need to be invested in to make the dreams mentioned above come true?
- iv. Who do you feel will be the key players for these dream changes to materialise?

APPENDIX D: PARTICIPANTS' INFORMATION SHEET

Postgraduate nursing education in Nigeria: understanding registered and graduated students' journey to programme completion or withdrawal.

You are being invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the study if you wish. Contact us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?

The purpose of the study includes understanding access to Postgraduate Nursing Education Programme in Nigeria in terms of previous academic qualifications, understanding what helps or hinders registered and graduated postgraduate nursing students in Nigeria complete their programme as expected and investigate the experiences of registered and graduated postgraduate nursing students with the Postgraduate Nursing Education programme in Nigeria. Furthermore, it aims to find out the nurse-lecturers views about the Postgraduate Nursing Education programme in Nigerian context and understand the nursing education policy makers assessment of the overall performance of the Postgraduate Nursing Education programme in Nigeria so far.

Why have I been asked to take part?

You have been asked to take part because you are a staff of Nursing and Midwifery Council of Nigeria or National Universities Commission of Nigeria or lecturer or present/past postgraduate student of nursing at the selected university for this study.

Do I have to take part?

No, it is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. Deciding not to take part or withdrawing from the study will not affect the healthcare that you receive.

What will happen if I take part?

You may be given a questionnaire containing very simple questions to fill. You may be asked simple questions about your experiences with postgraduate nursing education in Nigeria and other questions regarding postgraduate nursing education in Nigeria. It is however, not compulsory that you answer the questions if you choose not to. You may discontinue from participating in the study at any time if you want and there will be no penalty for doing that. The interview may take up to two hours or less and you may need to travel to the venue of the interview as I may agree with you. The interview may be recorded. Anonymity will be maintained at any stage of the data collection and management. Your cost of transport and feeding would be reimbursed.

What are the possible benefits of taking part?

You may/may not get a direct benefit from taking part in this study.

What are the possible disadvantages and risks of taking part?

It is not thought that there are many disadvantages; however, it is possible that you may discuss some important issue about your institution, but any such information will be kept strictly confidential. The interview may take your time as mentioned earlier.

What happens when the study is finished?

At the end of the research the data collected would be kept confidential and later deleted.

Will my taking part in the study be kept confidential?

All the information we collect during the course of the research will be kept confidential and there are strict laws which safeguard your privacy at every stage. Your name will be removed from the data so that you cannot be recognised from it.

What will happen to the results of the study?

The study will be written up and submitted for academic purposes. It may also be published after the study.

Who is organising the research and why?

This study has been organised by the researcher and funded by Ebonyi State University in Nigeria..

Who has reviewed the study?

The study proposal has been reviewed by Dr David Banks, Dr Derrington Philippa and Dr Lindesay Irvine. A favourable ethical opinion has been obtained from Nursing and Midwifery Council of Nigeria and the Research Ethics Committee of Queen Margaret University, Edinburgh, United Kingdom.

If you have any further questions about the study please contact Onwe Simon on SONwe@qmu.ac.uk

If you would like to discuss this study with someone independent of the study please contact Dr David Banks on DBanks@qmu.ac.uk

If you wish to make a complaint about the study please contact Nursing and Midwifery Council of Nigeria on: +2348035790024or +2348026929270

Thank you for taking the time reading this information sheet.

APPENDIX E: PARTICIPANTS' CONSENT FORM



Queen Margaret University
EDINBURGH

Centre Number: Queen Margaret University

Title of Project: Postgraduate nursing education in Nigeria: understanding registered and graduated students' journeys to completion or withdrawal.

Name of Researcher: Onwe, Simon Nwigboji Please
tick the box

1. I confirm that I have read and understand the information ☐
sheet dated DATE (Version 1) for the above study. I have had
the opportunity to consider the information, ask questions and
have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am ☐
free to withdraw at any time without giving any reason,
without my medical care or legal rights being affected.

3. I understand that relevant sections of my medical records ☐
and data collected during the study may be looked at by the
researchers, where it is relevant to this research project. I
give permission for these individuals to have access to my
records.

4. I agree to take part in the above study.

☐

Consent form. Version 1 DATE

Name of Participant

Date

Signature

Name of Person taking

Date

Signature

consent

APPENDIX F: TRANSCRIPT SAMPLES

1B (1)

S: Good afternoon sir

NUC S1: Good afternoon

S: *I am Mr Onwe Simon, a research degree student of Queen Margaret University, Edinburgh in the United Kingdom. I am carrying out a study on Postgraduate nursing education in Nigeria: Understanding registered and graduated students' experiences in their journeys to completion or withdrawal. This is a qualitative study using interview guide. You are free to ask questions, decline from answering questions or decline from participating in the study at any point, and you would not be expected to give reasons for your actions. I understand sir that NUC plays many roles in postgraduate nursing education in Nigeria, how does NUC play those roles?*

NUC S1: *NUC is a kind of policeman in academic standard regulation in Nigerian universities. It started with undergraduate programme and developed a benchmark with which they regulate the undergraduate academic standard and activities; in 2008, they developed that of postgraduate studies. Since then, they have been using the benchmark which sets the standards for quality assurance, accreditation of programmes and assessment or judgement of the programmes in terms of quality and standard. The benchmark covers five areas which are considered during an accreditation of programmes. The five areas are the academic content of the programme (paperwork): This includes staff to student ratio, marking scheme and course evaluation. Physical structure: This includes classrooms, demonstration rooms, offices and other buildings for different academic purposes. Equipment, which differs according to department and programme. Library: This covers the*

books, journals, space and seats. I will remember the 5th one (paused, thinking and tapping his head). Ok, the 5th one is Staffing: Three classes of staff are recognised; professorial cadre made up of professors and readers, senior lecturers and others (lecturers 1, lecturer 2 and assistant lecturers). Note that graduate assistants are not counted as lecturers during accreditation. The criteria for accreditation are as follows: Professorial cadre equals 20 percent of the lecturers' composition, senior lecturers equal 35 percent of lecturers' composition, and others are equal 45 %. The total composition of lecturers with PhD in the programme to be accredited must be up to 70 percent and above; the school seeking accreditation must meet these requirements to qualify for accreditation. This applies to all departments, nursing inclusive.

S: Sir, you made mention of staff-student ratio, what is the standard staff-student ratio that is expected to be met before accreditation?

NUC S1: This is the minimum number of lecturers per maximum number of students in the programme being accredited which is usually expressed in a ratio, and the standard ratio is one student to ten lecturers for postgraduate and undergraduate programmes. The rule is that if a department does not have enough lecturers for the programme being accredited, they shouldn't admit many students at a time.

S: I am just wondering sir from your explanation and experience in the field whether most of the departments, especially nursing, meet this standard student to lecturer ratio before accreditation?

NUC S1: Well, that is why accreditation is done. Federal Government of Nigeria established the NUC to go round the universities and ensure that these criteria are met (paused because of noise from outside). If any department fails to meet these criteria, the department is stopped from admitting students in the programme or

course. The department may continue to graduate those already in the programme, but further admissions are stopped until further notice from NUC following the decongestion of the backlog of students and improvement in the lecturer to student ratio. That is the rule, and this means that the programme has been closed down indefinitely.

S: Professional courses also have professional bodies that control the postgraduate programme, for instance, Nursing and Midwifery Council of Nigeria that also controls postgraduate nursing education in Nigeria, how do these professional bodies work with NUC for the smooth running of the postgraduate programmes?

NUC S1: Yes, each profession has its own professional body that controls its own postgraduate programme as well. The professional bodies have their own benchmarks or minimum standard for accreditation of postgraduate programmes. Before accreditation, the professional body for the postgraduate programme being accredited advises NUC on the programme based on her own minimum requirements and the two benchmarks are married together as a single tool in that department for the accreditation process. Moreover, each professional body has her own representatives in NUC who represents her in the field during accreditation exercise to ensure that professional standards and requirements are not compromised.

S: From your experiences in the field in the assessments you have participated so far, does NUC (em maybe) do a periodic assessment of the postgraduate programme to assess its performance?

NUC S1: Yes but in the form of accreditation. Accreditation is classified into fail, interim and full accreditation. Fail implies that the programme is stopped, interim means that the programme is partially accredited and would be reassessed after two

years for full accreditation. If the full requirement is met, full accreditation means that the department has met all the requirements for the accreditation of the programme applied for but will be reassessed after five years for quality and performance.

S: Is it possible for a programme with full accreditation to lose the full accreditation at a point during the reassessment exercise?

NUC S1: Yes, for instance, if a department loses her lectures or if some equipment or journals or books become obsolete or spoils before next reassessment or a building collapses without clear evidence of a plan to replace them, the department will definitely lose the accreditation for the programme.

S: Thank you, sir. Could you please estimate the numbers of M.Sc. and PhD nursing certificate holders in Nigeria?

NUC S1: M.Sc. Nursing is approximately 200, PhD nursing approximately 40 out of which we have few professors. This is, however, an estimate; because of challenges of documentation which we are currently working on, the exact figure is not available for now.

S: So far, how could you rate the performance of the postgraduate nursing education programme in Nigeria on a scale of one to ten where one is the least, and ten is the highest?

NUC S1: It is not easy to give an umbrella rating but as far as the programmes in the three universities that offer postgraduate nursing education in Nigeria have not lost their accreditations, it means that their overall performances are above average with regards to the assessment criteria.

S: Every programme with success story must have met some challenges. Do you think there are some challenges in the postgraduate nursing education in Nigeria sir?

NUC S1: Yes, every coin has two sides; the programme is not without hitches. Some infrastructural amenities need replacement, and some components of the equipment for nursing laboratories are obsolete. Accommodation is inadequate, we do not have all we need to meet the ever-changing modern academic requirements for postgraduate nursing education, but the basics are there.

S: Thank you, sir. Imagine that you travelled out of the country for an international assignment, what are the changes you would expect to see in the postgraduate nursing education programme on your return?

NUC S1: I would be glad to see an adequate or near-adequate number of lecturers because they are the ones that impact knowledge. This is an era of e-learning (five seconds silence because of a knock at the office door). I would appreciate an enabling environment that would accommodate such e-learning facilities and stable internet connectivity.

S: Who do you think could be the key players for the dream changes to come true sir?

NUC S1: The Heads of departments of nursing in the three universities offering postgraduate nursing should articulate their needs and forward to the universities' senates through the Deans of the Faculty for approval and implementation. They should follow-up the requests pushfully for the required attention to be received. For instance, that is what some departments of nursing in Nigeria did in 2014 to secure sponsorship for over twelve of her staff to pursue PhD programmes in nursing abroad which are a good development.

S: Wow, thank you very much for your time and efforts in answering my questions, sir. I appreciate.

NUC S1: Welcome.

1B (4)

S: Good afternoon ma,

UNL1: Good afternoon dear.

S: I am Mr Onwe Simon, a research degree student of Queen Margaret University, Edinburgh in the United Kingdom. I am carrying out a study on Postgraduate nursing education in Nigeria: Understanding registered and graduated students' experiences in their journeys to completion or withdrawal. This research is a qualitative study that uses an interview guide. You are free to ask questions, decline from answering questions or withdraw from participating in the study at any point, and you would not be expected to give reasons for your actions. As a lecturer in this department of nursing, could you please share your experiences with the postgraduate students during their course of studies in the postgraduate programme.

UNL1: (Silence). What did you say the topic is again, experiences of the students?

S: What have been your own experiences with the postgraduate nursing students as a lecturer in the course of their studies?

UNL1: Well, I would not know exactly know what you want but teaching postgraduate students is exciting and challenging. Exciting because you are talking with people that ought to understand; you do not have to go through the nitty-gritty of the module you are handling. Moreover, lectures are scheduled according to the convenience of both students and lecturers. However, there are challenges; lecturers do not see the maturity and understanding expected of the students. They are working and studying at the same time, and that encroaches into their academic programme making the issue of class attendance a strong challenge. As a lecturer, the demand is hectic. I have to prepare my note, teach, give assignments and

exams, and mark in addition to other personal and extra-curricular activities. I deny myself sleep to meet up with the enormous demands.

S: *Thank you ma. As a lecturer, students may sometimes confide in you with respect to their personal and academic challenges or experiences. In the course of the one-on-one interactions, are there areas they find exciting or challenging with the postgraduate nursing programme? I do not expect you to mention their names but just their experiences as you gathered from the interactions.*

UNL1: *The one-on-one interactions are frequent. They come especially in the areas of research and other personal issues. The most common among their challenging experiences are the issues of combining work with their academics, the financial demands of the programme and the issue of deferments as a coping strategy. They are usually encouraged depending on the nature of the challenging experiences. Sometimes, the students may be having issues with their supervisors who they may claim they are hard to work with. In such cases, they request that I mediate between them and such supervisors to create a favourable environment for them to relate well. At other times, they may request that I help them step-down some of the discussions between them and their supervisors which were not clear especially during their supervision meetings.*

S: What areas do think the postgraduate nursing education is doing well or has done well in Nigeria?

UNL1: The few graduates produced are doing well in the field. There is, however, delay in graduation because of the deficiencies in manpower which is a big challenge. The number is small compared to the number of universities that need this.

S: Do you think that there are some challenges which need improvement sir?

UNL1: Yes, some areas need improvement. There are so many diploma programmes that need to be integrated into the postgraduate programme in order to have clinical specialities in the programme. Currently, it is not there; diploma programmes are going on their own and postgraduate programmes on their own. This situation does not give a chance for clinical specialities in the postgraduate programmes.

S: *I know the postgraduate nursing programme has objectives to achieve within a time frame. How would you rate the performance of the postgraduate nursing programme in Nigeria so far on a scale of one to ten where one is the least, and ten is the highest performance?*

UNL1: *In what aspect?*

S: *In terms of infrastructural availability, resources availability and rate of graduation the postgraduate of students.*

UNL1: *In my own university, it is not easy to rate the performance in an umbrella form. Regarding the rate of graduation, first M.Sc. students graduate within four to five years, but recently (from two years ago), there have been a lot of improvements such that some students graduate with 18 to 24 months. So I would rate the programme in that aspect five before, but now I would rate the programme seven. Note that some students do not move at the same rate with others due to their own personal issues and capabilities; you cannot imagine that some 2007 sets are still on the programme now trying to do their proposal defence because of their own personal factors.*

In the area of infrastructure, we have one well-furnished and air-conditioned classroom with a standby generating plant for emergency power supply for now; I would rate the programme five in that area. In terms of human resources, we have

lecturers in all the fields, but the lecturer to student ratio is poor. However, people are coming up; currently, we have two professors and two readers. Although we were the last to start among the three universities with full accreditation to offer postgraduate nursing education, including the University of Ibadan, Obafemi Awolowo University Ile-Ife and the University of Nigeria, Nsukka. We are doing great. I would rate the programme six in that aspect.

S: *Thank you ma. Imagine that you travelled out of the country for an international assignment for five years, what changes would you be happy to see in the programme on your return?*

UNL1: *(Smiling) yes, of course, on my return, I would be glad to see more professors in the six areas of speciality in the postgraduate programme in my department, at least, two per speciality making a total of 12 professors. I would also be glad to see e-facilities in the library and classroom. I would like to see an improvement on the knowledge base of the lecturers especially in the area of systematic literature review and more accessible publications from Nigerian authors in both local and international journals. I would like to see more collaboration with foreign universities and authors; these things would make a whole lot of changes in the postgraduate nursing programme in my department. I would appreciate where PhD programme is not only for those aspiring to be university lecturers. Room should be made for those in the clinical, community and leadership. PhD is not only for lecturers; let such programmes as professional doctorate be commenced as part of the postgraduate programmes in nursing. Students need to be given grants to enable them to pursue their dreams. Most of our older lecturers testify of how they enjoyed grants and scholarships to climb to their present heights. This former glory should be restored; students taking a loan to pursue their academic dreams are not*

encouraging. Students should be encouraged to attend international conferences and seminars on paid bills.

S: *Who should be the key players to achieve these dream changes?*

UNL1: *The University should give grants and scholarships. Students should be encouraged to bring proposals that should be scrutinised and approved by the university senate. The management and departments of nursing should plan ahead on where they want to be in the next five years. Researches should be sponsored on the basis of proposals raised by students. Proposal writing should be encouraged.*

By doing this, the dream will be actualised.

S: *Thank you very much for your time ma. I really appreciate ma.*

UNL1: *Welcome (smiling).*

A10

S: *Good morning.*

UNPHDS1: *Good morning*

S: *I am Mr Onwe Simon, a research degree student of Queen Margaret University Edinburgh in the United Kingdom carrying out a study on the topic "Postgraduate nursing education in Nigeria: Understanding registered and graduated students' experiences to graduation or withdrawal". Having passed through one of the universities in Nigeria as a postgraduate nursing student, could you please share your experiences with me.*

UNPHDS1: *I think you are asking the right person. I enrolled into M.Sc. Nursing programme in one of the universities in Nigeria in 2003. Presently, I am still on with PhD in nursing. Being a pioneer set in 2003, I saw it all. I think most of the*

universities in Nigeria are not ready judging from my school. Yes, it has that integrity as a university, but when you go in, it is not what you think. We started in 2003; 2004, 2005, we were still battling for lecturers for some courses. If you meet some lecturers, they would say, don't gossip with my name. If you meet HOD, she would say "I have already assigned lecturers to handle the course". You are then scared to meet lecturers again. For that reason, you may not want to have relational issues with anybody. By 2006, we were able to finish courses from outside lectures example, Philosophy of Education and statistics, but that of nursing was a problem. Lecturers were never there; when they come, they gave assignments that they never gave time and to. People are never scored according to the quality of the work as if they did not go through the work and scored arbitrarily. I think it is more of attitudinal issues. Some works rated low by the lecturers are rated high by other universities and are even accepted for publication by publishers. I think our lecturers are not ready; they are not in a hurry to graduate those that would take over from them. They still want to retain their relevance by my feeling. In 2007, seven dropped out of 12, and four continued. Three of us eventually graduated in 2008; one could not graduate with us, but I learnt that she graduated later. We were the first set to graduate with M.Sc. nursing from my school. I read M.Sc. nursing education. That was my M.Sc. journey, and that was horrible. Reflecting on my experiences, I wondered if the lecturers knew what they were doing. I have done studies with people from the United States of America and South Africa, and I have learnt a lot from personal experiences. People that enrol for studies in Nigeria do so for certificates. If I had depended on what I did in my M.Sc. nursing, I wouldn't have had such connection and improvement. I think we have attitudinal issues here in Nigeria and I am worried that it seems we are not ready, we do not know what we want. I

enrolled for PhD in the same school since 2008 still as the first set. Up till now, we have not defended our proposal. One of us wanted to write a protest letter, but one lecturer said it was unethical and that she would have enemies. That is one of the issues killing nursing in Nigeria; we seem to be more procedure bound than being dynamic. They say it is unethical and yet do nothing about the situation. The profession is dying for such nonchalant attitude. For now, my proposal and even field work is ready; I am just waiting for them. I have made movements, but the Dean stopped me saying that I am so vocal and might have enemies. Well, I will present when they are ready; it is ten years now, and it is none of my fault. I am now running a programme in another field (Education) and would finish soon. It is still three years but outside Nigeria. I am also running another programme in Nigeria and may finish soon as well. Although other universities like Ife and University of Ibadan delay but they are more organised. If there is a delay, it is the students fault and not lecturers. That is all about my journey here. I am sorry I took your time.

S: *Thank you. I understand that the problem is more of staff strength.*

UNPHDSt1: *I am not sure that it is more of staff strength, it is more of attitude. In Colorado, if you apply, they would tell you areas they do not have staff. Even when there are three staff, they are very effective. In my school, they have up to 11 staff. I think it is more of attitude. Moreover, there is no monitoring framework on ground; it is not possible to monitor the activities. Even when it is attempted, the issue of relationship problem over-rides. Some units, example engineering is doing well even with lesser staff. Their students are making waves outside the country. Planning is another problem; there is no planning with all the necessary elements.*

S: *You talked about the attitudes of staff; are the attitudes encouraging or challenging?*

UNPHDSt1: *Actually, there are a lot of huddles one has to pass through in the course of the whole process. In my department, it seems that they have special tightening devices with which they use to make things difficult for students to pass through the course. The attitude of the lecturers themselves and the way they make things difficult for students makes it a horrible experience that some students decide to withdraw from the programme in the process.*

S: *You made mention of some huddles, I think that mean challenges and if so, what are they?*

UNPHDSt1: *Sometimes, the type of relationship that exists between the students and the lecturers is horrible. The lecturers do not treat students as if they are professional colleagues, having passed through first degree, or and, second degree in nursing. I know that all the core lecturers are basically nurses. They look at students as if they are objects that could be treated anyhow irrespective of the students' positions in their places of work just because they have no choice. I believe that postgraduate programme is an adult programme where students should contribute to things like time-table planning, putting into considerations the conveniences of both the students and lecturers. In this case, they do things the way it would only suit their own conveniences, neglecting that all the students are workers and have families and other personal engagements like them. They insist that students must have 75 percent attendance for them to qualify to write examinations. Even if you write the examinations and pass without making up to 75 percent class attendance, you must be subjected to a make-up class before your result is published. This make-up or catch-up class is even more tedious than the main classes missed.*

S: *In terms of performance, how could you rate the performance of the postgraduate programme in terms of rate of graduating students, infrastructure, curriculum content on a scale of one to ten where one is the least and ten is the highest?*

UNPHDSt1: *I will give them 1 using my experience. I wouldn't give them zero because they raised admission letters.*

S: *Imagine you travelled out of the country for an international assignment for five years, what changes would you like to see on your return?*

UNPHDSt1: *I want to see proper planning that would consider the available resources than multiple specialities without resources. It is not about certificate but about quality based on effective planning, monitoring and evaluation. I would like to see students graduating as planned (18 months for M.Sc. and 30 months for PhD students). There are many people in the clinical area that need teaching job; they should be employed to lecture. I would be glad if the hurdles discussed earlier should be removed, and there is an improved relationship between students and lecturers. Supervision and mentoring of students should be constructive and not destructive.*

The students should not be scared of their supervisors. The relationship is poor because you cannot communicate with your supervisors. You stay with your problem because if you think of meeting with your supervisor, you start fidgeting and sweating because you are scared. From what I have read and heard, I learnt that there is a good relationship between students and their supervisors abroad such as UK, USA etc. The lecturers even look for their supervisees. In Nigeria, we are still far from there. Supportive electronic gadgets, internet access, e-library and supportive learning environment should be in place. The university senate should employ more

lecturers. I think that would reduce their burden and allow the lecturers behave properly..

S: *Who do you think could be the key players for these dream changes to come true?*

UNPHDSt1: *Well, people like us and other well-meaning persons with a positive attitude.*

S: *Thank you so much for your time. I appreciate.*

UNPHDSt1: *When it comes to nursing education in Nigeria, it gives me a headache. I am glad to answer further questions any day, anytime.*

S: *Thank you again.*

KEY

S = *Simon*

NUCS1 = *National Universities Commission staff 1*

UNL1 = *University of Nigeria lecturer 1*

UNPHDSt1 = *University of Nigeria PhD student 1.*

APPENDIX G: CODE IDENTIFICATION STEP 1

UNMSCSt1: *In my department, it seems that they have special tightening screws with which they use to make things difficult for students to pass through the course. The attitude of the lecturers themselves and the way they make things difficult for students makes it a horrible experience that some students resort to withdrawing from the programme somewhere along the line. Sometimes, the type of relationship that exists between the students and lecturers is horrible.*

UNMSCSt2: *Ok, the programme has not been easy. Sometimes we disagree with the lecturers over some issues when they become so bossy; they give rules and expect us to just follow blindly. It has not been easy at all because we work and study on full-time bases at the same time. Balancing work and study is practically very demanding, especially as you have to sign attendance register at every lecture you attend and must have 75 % attendance to qualify to write examinations. Most of the times, you may leave your work place to attend lectures and the lecturer handling the module may not be there. To worsen the whole situation, the lecturer may not give any pre-information that he or she would not be available for the lecture. I have spent more than a year and half now and there some modules we have not even started; that will give you an idea of what the situation is like.*

UNMSCSt3: *Postgraduate programme in nursing has not been an easy task from my own experience. This is because few universities offer the programme and many students wanted to further their education. There is also a challenge of finance and so students work and study. The course content which is about sixteen is many. This makes the programme extend to more than two years to finish course work. Proposals can only be done when the course work is over. There are changes now as proposals can start before course work ends.*

UNMSCSt4: *I was the course representative for 2010 set. The first challenge I had was internet problem during online registration. Getting my undergraduate transcript to the postgraduate school was an issue. When we joined the programme, another challenge was that the classroom was not enough. Another issue was lack of qualified lecturers to handle various courses. Accommodation was also another issue. Many students, who wanted to live in school, lived outside the school and coordination was difficult, however, the available lecturers were happy to teach. Their workload was high especially with the fact that they also teach undergraduate students. Because of the problem, course work for us lasted for two years, that is August 2010 to 18th January, 2012. Proposal was compounded by lack of manpower and delay was the only option. In that 2012, I was lucky to gain admission and sponsorship to study in United Kingdom; this was from place of work. I travelled in September, 2012 and in 2013, I finished my master's degree programme. The challenges in Nigeria include lack of manpower, lack of coordination and poor curriculum. By United Kingdom standard, I would have finished my master's degree programme in Nigeria in 2011 but I had to leave for United Kingdom where I finished in 2013.*

UNMSCStG1: *I graduated with M.Sc. nursing with specialisation in Community Health Nursing. I started in 2008/2009 academic session. The experiences were difficult. First, curriculum was overloaded compared to other universities where at least, four subjects done. During the programme, a lecturer could just walk in and introduce a topic and asks for assignments. Secondly, in the issue of research, materials are not there. When you submit a topic, a lecturer would look at it and introduce irrelevancies. Later, he or she will ask you do corrections which he or she will cancel again and would ask you to include things he or she rejected before. This*

is not like [em.emm] our counterparts in other departments graduate as and when due but we spent 8 – eleven years studying master's degree programme.

UNMSCStG2: The lectures not well coordinated a lot of delays. Courses to be done in the beginning may not start until after three years or more. Research not well taught, finances especially with the delay keep going.

UNMSCStG2: The student lecturer relationship not cordial at all.c

UIPHDSt1: I think that it has been fulfilling and rewarding. I have expanded my horizon of knowledge and added values to who I was.

UIMSCSt1: As a postgraduate student of this premier university, the lecturers are friendly and treat us with maturity. I am working and studying and this is not easy to combine. We arrange for lectures when convenient for lecturers and students. The supervisors ask us to submit topics on time. Right now, I think I am the one delaying myself. It is good by my own assessment. comment

UNMSCSt5: As a matter of fact, the lectures were sound and lecturers come to class. The programme was held up by lots of assignment and seminars. When I started doing my project, I had some delays, not necessarily because of lecturers but because of my own personal issues. There was lack of interest and motivation c. It was not easy for me to get materials for my literature review and assistance. Sometimes, when you get to library, you may not find materials and books that you need. Then in the internet, there are very scanty materials. Again sometimes when you are ready to present your work, lecturers may not be available at that time.

UNMSCStG3: In my own experience, what makes you a postgraduate student is your ability to research, write and defend your work, whether you attend lecture or not but emphasis is on 75 % attendance. Sometimes you may be there but may not understand what they are saying and you will not read to come out with something

tangible because in class....[interruption]. So what I am saying is that when you come to read, you read and pass the exam but that is a different ball game. When it comes to research, I was drilled in research,. I actually cried in the process of the drilling, I cried but now I thank God for that experience in research. There is no research work that you will involve me now that I will not be able to make a contribution. Nobody is perfect but I know that I now understand the language of research and that is what gives me joy especially in the academic environment where I am as a lecturer. In academics, without research, you are nowhere, so that drilling I was given there really helped me a lot, it made me understand the language of research.

UNMSCStG4: *Yes, another challenge I can never forget is a course we ought to do in first year which we did not do until after two years of completing the other courses. The lecturers never cared until we all dispersed to our various states. A year and half she called us to present our research topics and six months later to present our seminar.*

UNMSCStG4: *Well, there is nothing to be proud of since one would start a programme of one year and end up with six to ten years. For instance, I spent five years in the M.Sc. while I know some people that have spent up to eight years.*

UNPHDSt1: *I think you are asking the right person. I enrolled into M.Sc. nursing programme in one of the universities in Nigeria in 2003. Presently, I am still on with PhD in nursing. Being a pioneer set in 2003, I saw it all. I think most of the universities in Nigeria are not ready judging from my school. Yes, it has that integrity as a university but when you go in, it is not what you think. We started in 2003; 2004, 2005, we were still battling for lecturers for some courses. If meet some lecturers, they would say, don't gossip with my name. If you meet HOD, she would say "I have*

already assigned lecturers to handle the course". You are then scared to meet lecturers again. For that reason, you may not want to have relational issues with anybody. By 2006, we were able to finish courses from outside lectures example, Philosophy of Education and statistics but that of nursing was problem. Lecturers were never there; when they come, they gave assignment that they never gave time. People are never scored according to the quality of the work as if they did not go through the work and scored arbitrarily. I think it is more of attitudinal issues. Some works rated low by the lecturers are rated high by other universities and are even accepted for publication. I think our lecturers are not ready; they are not in a hurry to graduate those that would take over from them. They still want to retain their relevance by my feeling. In 2007, seven dropped out of 12 and four continued. Three of us eventually graduated in 2008; one could not graduate with us but I learnt that she graduated later. We were the first set to graduate with M.Sc. nursing from my school. I read M.Sc. nursing education. That was my M.Sc. journey and that was horrible. Reflecting on my experience, I wondered if the lecturers knew what they were doing. I have done studies with people from United States of America and South Africa and I have learnt a lot from personal experience. People that enrol for studies in Nigeria do so for certificates. If I had depended on what I did in my M.Sc. nursing, I wouldn't have had such connection and improvement. I think we have attitudinal issues here in Nigeria and I am worried that it seems we are not ready, we do not know what we want. I enrolled for PhD in same school since 2008 still as the first set. Up till now, we have not defended our proposal. One of us wanted to write a protest letter but one lecturer said it was unethical and that I would have enemies. That is one of the issues killing nursing in Nigeria; we seem to be more procedure bound than being dynamic.. They say it is unethical and yet do nothing about the

situation. The profession is dying for such nonchalant attitude. For now, my proposal and even field work is ready, I am just waiting for them. I have made movements but the Dean stopped me saying that I am so vocal and might have enemies. Well, I will present when they are ready; it is ten years now and it is none of my fault. I am now running a programme in another field (Education), and would finish soon. It is still three years but outside Nigeria. I am also running another programme in Nigeria and may finish soon as well. Although other universities like Ife and University of Ibadan delay but they are more organised. If there is a delay, it is the students fault and not lecturers.

OAUPHDS_{StL}1: The experience has not been easy here as a student and a lecturer. I did my second and third degrees here in this school. The few universities rendering postgraduate nursing programme are being overloaded. Lots of students are applying for limited positions. Faculty members are few, there is a limit to the number of students the department can take at a time. A lot of nurses with dreams of higher degrees are not getting it realised because of limited spaces and few universities offering the course. For the programme for now, the demand is high and very competitive. When you enter, you have to struggle to survive because there are few lecturers to supervise the students; survival is by personal efforts. Successful students are the ones capable of independent studies; mentor-mentee relationship is not there. Those are the challenges of postgraduate nursing education so far.

OAUPHDS_{StL}2: My experiences as a lecturer and a student in this institution are very challenging. I am a full-time student, full-time worker, and I have a family with the attendant responsibilities. Moreover, a postgraduate programme requires a thorough work that would benefit the public especially if you are in public health. This requires adequate funding, but no funding and no grants. In Nigeria, we have those things but

how to access them is a problem because they are limited. Our course work is challenging because it is more of presentations and assignments. It is for a session which we have completed and are awaiting field-work. I believe that the moment you are a student, you are still in the learning phase. I think we ought to be taught because I am still a student but this is not so. We have a lot to read; having gone through M.Sc., they assume we should know a lot and so do more of presentations, readings and assignments. I am lucky to have benefited from a fellowship funding which has helped me. I am better off. As a lecturer and as a student, it is hectic. I have to prepare my note, teach, give assignments and exams, and mark in addition to full-time academic work. I deny myself sleep to meet up with the enormous demands.

When we started, there were only 6 or 8 PhD holders to supervise M.Sc. students and that limits the number to be taken. We were 12 in our set but only 4 finished after three and half years instead of two years. 4 others finished 6 months later. Right now, some people in our set are still in the programme suggesting that they have spent over 5 years. Their studentships were terminated and they had to reapply to be able to continue. This tells you how bad it was, but I thank God that we were able to finish.

OAUMSCSt1: The programme has been an eye opener to me in things I didn't know before. It has given me the opportunity to meet with those that have passed through the programme. The experiences they have shared with me have been an encouragement for me to continue. Well, every aspect of the programme has its own advantages and disadvantages. The programme has been somehow for me because I don't have full release from my place of work. Combining both has not been easy but it has been an eye opener. I am into Medical-Surgical nursing and I

am going deeper into it and redirecting my focus to a more specific area. I am still looking for an opening to move ahead. You know that postgraduate programme is all about knowing more about almost nothing.

OAUMSCSt2: Interesting but challenging. Interesting in the sense that postgraduate nursing programme involves lots of critical thinking, critical analysis of events, issues and practices, and come out with the synthesis of ideas. In undergraduate level,builds the knowledge that helps in real life situation. Another thing is that postgraduate programme involves a lot of research aspects. The knowledge of conducting research is deeper than that of undergraduate. The challenges include that most of the students are full-time students and full-time workers as well. I am an example; I work full-time and I am a full-time student. There are some situational factors that make it challenging; we do not have organised time-table. A lecturer may just come out and announce 8 am lecture the following day. I don't live in the campus and I cannot make it by 8 am but come some minutes late. The lecturer may talk on and on.

UNMSCSt4: Yes, I had some challenges. One of the challenges was accommodation. I expected a decent accommodation but could not get any. I resorted to travelling from my place of work and that was challenging. Another challenge was undue delay I experienced in the course of the study. I did not graduate on time but after 7 years

LECTURERS' VIEWS

UNL1: Well, I would not know exactly what you want but teaching postgraduate students is exciting and challenging. Exciting because you are talking with people that ought to understand; you do not have to go through the nitty-gritties of the module you are handling. Moreover, lectures are scheduled according to the

convenience of both students and lecturers. However, there are challenges; lecturers do not see the maturity and understanding expected of the students. They are working and studying at the same time and that encroaches into their academic programme make the issue of class attendance a strong challenge.

UNL1: The one-on-one interactions are frequent. The come especially in the areas of research and other personal issues. The most common among their challenging experiences are the issues of combining work with their academics, the financial demands of the programme and the issue of deferments as a coping strategy. They are usually encouraged depending on the nature of the challenging experiences. Sometimes, the students may be having issues with their supervisors who they may claim are hard to work with. In such cases, I request that I mediate between them and such supervisors to create a favourable environment for them to relate well. At other times, they may request that I help them step-down some of the discussions between them and their supervisors which were not clear especially during their supervision meetings.

OAUPHDS1 In this department, I am encouraged by the “can do” attitude of the faculty members. They are trying to develop manpower so that the department can be enlarged. About three people in professorial cadre with more than 10 students to supervise for M.Sc. or PhD. This is not easy on them. They are doing their best to see that they are given back to the system. Currently, there are 5 lecturers with 5 PhD students and over 20 M.Sc. with only 5 lecturers. It is hard on them.

NMCN S1: *I would rate the performance of the programme 7. The delay in students' graduation that students experience may not be blamed on the lecturers or NMCN but on the students themselves. For the fact that all the postgraduate nursing students are practically into full-time work and full-time study, they find it difficult to finish their course work and go to the field for their data collection and post-field submissions. This is the major course of the delay they experience.*

NMCNS2: *The few graduates produced are doing well in the field. There is however delay in graduation because of the deficiencies in man power as I pointed out earlier. The number is small compared to the number of universities that need this.*

UNMSCSt2: *It has not been easy at all because we work and study on full-time bases at the same time. Balancing work and study is practically very demanding, especially as you have to sign attendance register at every lecture you attend and must have 75 % attendance to qualify to write examinations.*

UNL1: *Moreover, lectures are scheduled according to the convenience of both students and lecturers. However, there are challenges; lecturers do not see the maturity and understanding expected of the students. They are working and studying at the same time and that encroaches into their academic programme making the issue of class attendance a strong challenge.*

UNL1: *The one-on-one interactions are frequent. They come especially in the areas of research and other personal issues. The most common among their challenging experiences are the issues of combining work with their academics, the financial demands of the programme and the issue of deferments as a coping strategy.*

NMCN S1: *The delay in students' graduation that students experience may not be blamed on the lecturers or NMCN but on the students themselves. For the fact that all the postgraduate nursing students are practically into full-time work and full-time study, they find it difficult to finish their course work and go to the field for their data collection and post-field submissions. This is the major course of the delay they experience.*

UNMSCSt3: *Postgraduate programme in nursing has not been an easy task from my own experience. This is because few universities offer the programme and many students wanted to further their education. There is also a challenge of finance and so students work and study. The course content which is about sixteen is many. This makes the programme extend to more than two years to finish course work.*

UNMSCSt5: *As a matter of fact, the lectures were sound and lecturers come to class. The programme was held up by lots of assignment and seminars. When I started doing my project, I had some delays, not necessarily because of lecturers but because of my own personal issues. There was lack of interest and motivation. It was not easy for me to get materials for my literature review and assistance. Sometimes, when you get to library, you may not find materials and books that you need. Then in the internet, there are very scanty materials. Again sometimes when you are ready to present your work, lecturers may not be available at that time.*

S: *You mentioned lack of motivation, is it the result of the challenges or intrinsic factors?*

UNMSCSt5: *Yes, it is personal; I wonder what I am reading for considering my age and time factor and the disturbance. I get fed up.*

S: *You mean there is faulty project supervision?*

UNMSCSt5: Yes, some are not even resident in the country and that does not help at all. On the part of the student, they ought to continue pushing if they have such supervisors. They can contact another lecturer for assistance. This way, whether the supervisor is there or not, the work continues.

OAUPHDStL3: On the part of students, we registered as full-time students in principle but in practice, it was not really full time. I remember that when I started, I travel 2 hours from my place of work to school because of situation of things in Nigeria.

OAUMSCSt1:.... The programme has been somehow for me because I don't have full release from my place of work. Combining both has not been easy but it has been an eye opener.

UNL1: The one-on-one interactions are frequent. They come especially in the areas of research and other personal issues. They are usually encouraged depending on the nature of the challenging experiences. Sometimes, the students may be having issues with their supervisors who they may claim are hard to work with. In such cases, they request that I mediate between them and such supervisors to create a favourable environment for them to relate well. At other times, they may request that I help them step-down some of the discussions between them and their supervisors which were not clear especially during their supervision meetings.

UNMSCStG1: First, curriculum was overloaded compared to other universities where at least, four subjects done. During the programme, a lecturer could just walk in and introduce a topic and asks for assignments. Secondly, in the issue of research, materials are not there. When you submit a topic, a lecturer would look at it and introduce irrelevancies. Later, he or she will ask you do corrections which he or she will cancel again and would ask you to include things he or she rejected before.

This is not like [em.emm] our counterparts in other departs who graduate as and when due but we spent 8 – eleven years studying master’s degree programme.

UIPHDLSt1: I want to see more, more, more, I don’t know how to put it [got stocked].. more effective student supervision where supervisors and supervisees would relate like partners involved in achieving a common cause. It is not like superior-inferior relationship. The supervisor should see the student’s work as his or hers and not being alienated from it. That will help the programme move and students graduate as expected.

KEY:

Yellow	<i>Students’ experiences</i>
Red	<i>Result of students’ experiences (delay)</i>
Green	<i>Factors (lecturers)</i>
Blue	<i>Factors (students)</i>
Gray	<i>Factors (policy)</i>
Pink	<i>Miscellaneous</i>

APPENDIX H: CODE IDENTIFICATION STEP 2

Organising codes into categories, sub-themes and themes

Serial No	Theme	Sub-theme	Category	Definition (codes)
1	Students' experiences challenging and rewarding	Nil	Lecturers' attitudes	Bossy sometimes, friendly, students scared of having relational issues with them, negligence, and non-availability
			Students work and study to meet financial demands.	Working on a full-time basis, study on full-time basis, 75% class attendance required of full-time students, full commitment to duty required of full-time worker.
			Complex nature of postgraduate programme	Postgraduate programme involves a lot of assignments and examinations which require extra at home aside class work
			Accommodation issues	No adequate accommodation about residence and classrooms. Students that needed a resting place in school could not and different sets share one class
			Delay in programme completion	Master's degree and doctoral degree programmes supposed to last for one year and two and a half years respectively but some spend up to seven years for M.Sc. programmes and eight years for PhD Programmes

Serial No	Theme	Sub-theme	Category	Definition
2	Factors affecting students experiences with a completion period	Students' factors	Full-time student, full-time worker, and family issues	<i>UNL1: They are working and studying at the same time, and that encroaches into their academic programme making the issue of class attendance a strong challenge. OAUMSCSt3: Another one is combining studies with family life. I remember that I gave birth to a child in the course of the programme</i>
			Lack of interest and motivation	<i>UNMSCSt5: The programme was held up by lots of assignments and seminars. I had some delays, not necessarily because of lecturers but because of my own personal issues. There was lack of interest and motivation. I wonder what I am reading for considering my age and time factor and the disturbance.</i>
			Students over depend on lecturers only for academic progression	<i>...some are not even resident in the country, and that does not help at all. On the part of the student, they ought to continue pushing if they have such supervisors. They can contact another lecturer for assistance.</i>
		Lecturers factors	Bossy	<i>. UNMSCSt2: .. they give rules and expect us just to follow UNMSCSt1 blindly:</i>

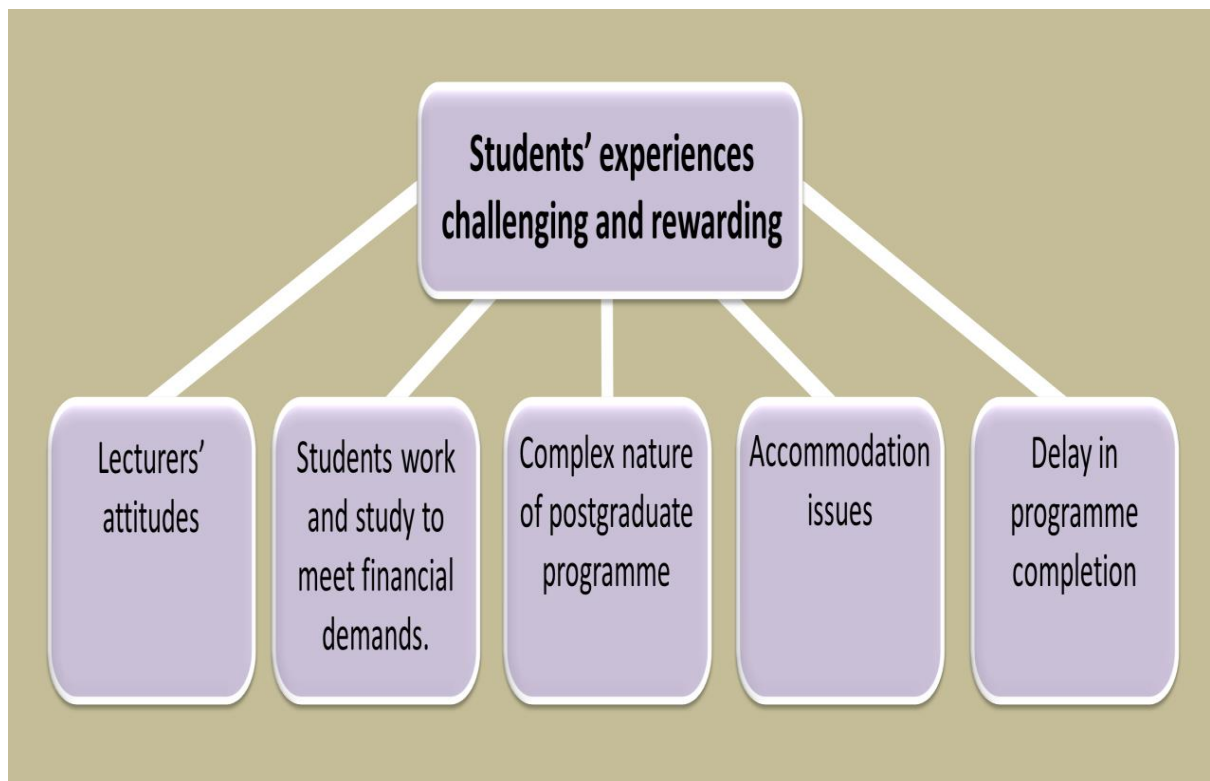
			no commitment	UNMSCSt2: I have spent more than a year and a half now and there some modules we have not even started.....
			nonchalant to students' plight	UNMSCStG4: Another challenge I can never forget is a course we ought to do in the first year which we did not do until after two years The lecturers never cared until we all dispersed to our various states.
			too strict for comfort	UNMSCSt1: They insist that students must have 75 % attendance for them to qualify to write examinations.
			Ineffective supervision	UNMSCStG1: When you submit a topic, a lecturer would look at it and introduce irrelevancies. Later, he or she would ask you do corrections which he or she would cancel again and would ask you to include things he or she rejected before.....

		Sub-theme	Category	Definition
		Policy issues	Programme structure	UNMSCSt1: We do up to twenty modules..... within 18 months, but some students spend up to seven or ten years in the programme because of the way it is run. OAUMSCSt1: The specialities available are ambiguous so to say. UNMSCSt5: There were so many assignments, and each was like research on its own. That did not give us time to start our projects on time... OAUPHDSStL3: On the part of students, we registered as full-time students in principle, but in practice, it was not really full time.
			Lack of human/material resources, and supportive environment	UNMSCSt2: Students do not graduate as they ought because of the issue of workload Sometimes, students' results are not released until after 18 months that alone leads to delay as students who may need to re-sit a module may not know his or her fate until one year or two are gone. The librarians are not in the library most of the times, the books are obsolete, and there are no internet facilities in the library.
			Key actors, not a nurse – lack of professional autonomy	NMCN S1: Like the proverbial saying, “unless lions have their own historians, the history of the hunt would always glorify the hunters”. Unless nurses and nursing profession produce their own products that are fit to withstand international competitiveness, we would remain appendages to other professions against our wish.
			Few universities offer the PG programmes	UNMSCSt3: Postgraduate programme in nursing has not been an easy task this is because few universities offer the programme and many students wanted to further their education

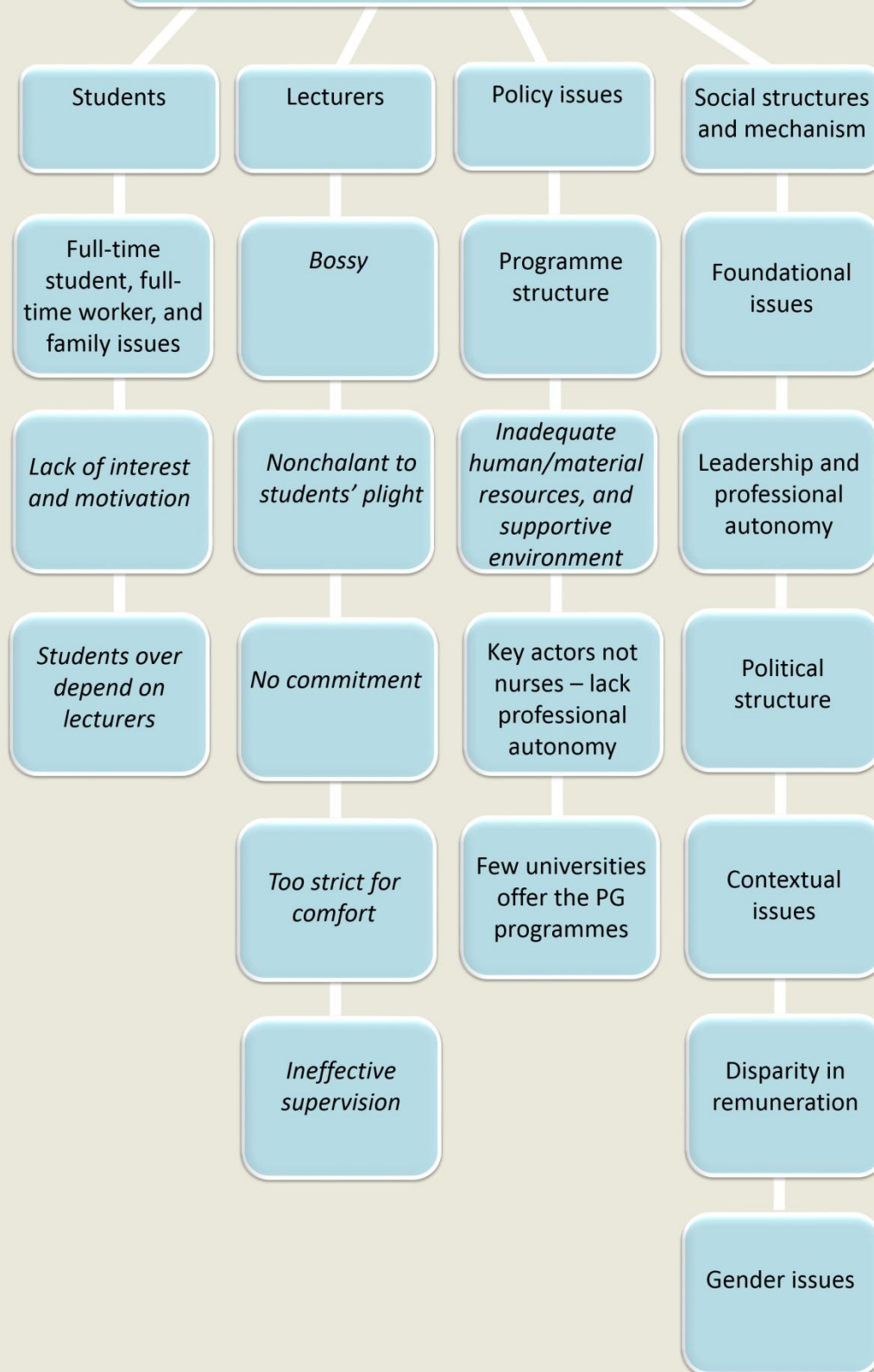
		Sub-theme	Category	Definition
		Social structures and mechanism	Foundational issues	<i>NMCNS2:..... we have started actually, but the problem we had was that the first people that started it didn't have mentors to give them what they really needed to start the postgraduate nursing programme.</i>
			Leadership and professional autonomy	<i>NMCN S1: Like the proverbial saying, "unless lions have their own historians, the history of the hunt would always glorify the hunters".</i> <i>UIPHDLSt1: Nursing council has administration issues; no clear policy on what postgraduate nursing programme is all about. S many people view postgraduate programme in a different perspective, and they go about it the way they feel about it</i>
				<i>UIPHDLSt1: Nursing Council has administration issues; no clear policy on what postgraduate nursing programme is all about.....many people view postgraduate programme in a different perspective, and they go about it the way they feel about it</i>
			Political structure	<i>UNPHDSt1: Moreover, there is no monitoring framework on ground;even if it is attempted, the issue of relationship problem overrides.</i> <i>UIPHDLSt1: A lot of issues which may not be rooted in the department but to Nigerian situation. Issues affecting Nigeria affect the department as well. A lot of Nigerian schools do not have access</i>

				<i>to internet facilities. Currently, there is strike action, and that affects the academic programme.</i>
			Contextual issues	<i>UNMSCStG3: to some extent they are supportive. There are good libraries where you can get books; they have good infrastructure example, good classroom according to our context. At least, we go to class, sit down we don't stand, there is fan, there is light, and what else do we need? We cannot compare ourselves to the developed world</i>
			Disparity in remuneration	<i>UNMSCStG3:.. there are many people in the clinical area that need teaching job, they should be employed to lecture. The lecturers' salaries should be improved because there is a disparity between clinical nurses' salaries and the nurse-lecturers salaries and that makes the clinical nurses reluctant to leave the clinical areas.</i>
			Gender issues	<i>OAUMSCSt2: I am the only male in my set. Sometimes, I want to discuss with a fellow man, but none will be available.</i>

APPENDIX I: CODE IDENTIFICATION STEP 3



Factors influencing students' experiences with completion period



APPENDIX J: QUEEN MARGARET UNIVERSITY ETHICAL APPROVAL LETTER

For Office Use Only

Ref. Number	
Assigned Reviewers	
Recommendation	
Outcome	



Queen Margaret University
EDINBURGH

APPLICATION FOR ETHICAL APPROVAL **FOR A RESEARCH PROJECT**

This is an application form for ethical approval to undertake a piece of research. Ethical approval must be gained for any piece of research to be undertaken by any student or member of staff of QMU. Approval must also be gained by any external researcher who wishes to use Queen Margaret students or staff as participants in their research.

Please note, before any requests for volunteers can be distributed, through the moderator service, or externally, this form **MUST** be submitted (completed, with signatures) to the Secretary to the Research Ethics Panel.

You should read QMU's chapter on "Research Ethics: Regulations, Procedures, and Guidelines" before completing the form. This is available at:

<http://www.qmu.ac.uk/quality/rs/default.htm>

Hard copies are available from the Secretary to the Research Ethics Panel.

The person who completes this form (the applicant) will normally be the Principal Investigator (in the case of staff research) or the student (in the case of student research). In other cases of collaborative research, e.g. an undergraduate group project, one member should be given responsibility for applying for ethical approval. For class exercises involving research, the module coordinator should complete the application and secure approval.

The completed form should be typed rather than handwritten. Electronic signatures should be used and the form should be submitted electronically wherever possible.

Applicant details

1. Researcher's name: Onwe, Simon Nwigboji
2. Researcher's contact email address: 11008558@qmu.ac.uk
3. Category of researcher (please tick and enter title of programme of study as appropriate):

QMU undergraduate student	
Title of programme:	
QMU postgraduate student – taught degree	
Title of programme: PhD Nursing	
QMU postgraduate student – research degree	√
QMU staff member – research degree	
QMU staff member – other research	
Other (please specify)	

4. School: Health Science
5. Division: Nursing
6. Name of Supervisor or Director of Studies (if applicable): Dr David Banks
7. Names and affiliations of all other researcher who will be working on the project:

Research details

8. Title of study: Postgraduate nursing education in Nigeria: understanding registered and graduated students' experiences in their journeys to completion or withdrawal.
9. Expected start date: 10/2014
10. Expected end date: 08/2017
11. Details of any financial support for the project from outside QMU: My PhD programme is fully sponsored by Ebonyi State University, Abakaliki Nigeria. Details of the letter of sponsorship have been sent to the Registry by my sponsor and they are up-to-date with the sponsorship.
12. Please detail the aims and objectives of this study (max. 400 words)

This study seeks to understand registered and graduated postgraduate students' journeys to completion or withdrawal in Nigeria. This study is necessitated by slow completion rates and high course attrition rates among postgraduate nursing students in Nigeria. The specific objectives of the study are:

1. To investigate the experiences of postgraduate nursing students enrolled with postgraduate nursing education programmes in Nigeria.
2. To examine nurse-lecturers views about postgraduate nursing education from a Nigerian perspective.
3. To explore nursing education policy makers assessment of the overall performance of the postgraduate nursing education programmes in Nigeria to date.

The following research questions will be addressed in order to achieve the above objectives:

Main research question:

How do current and previous postgraduate nursing students in Nigeria experience their journeys through existing postgraduate nursing education programmes?

Sub-Questions:

1. What are the experiences of the postgraduate nursing students through the postgraduate nursing education programme?
2. What are the lecturers' views of the post graduate nursing education programme?
3. What are the views of postgraduate nursing education policy makers about the overall performance of postgraduate nursing education programmes provided in Nigeria?

This study is justifiable because of the role it will play in contributing to the improvement of postgraduate nursing education in Nigeria. The study among other things seeks to understand what helps or hinders postgraduate students' to complete their programmes in Nigeria. This understanding will help postgraduate nursing policy makers modify or remove such hindrances and at same time strengthen facilitating factors. The expected end product will be an improvement in the students' graduation period.

The involvement of policy makers and lecturers in the proposed methodology of the project will enhance a collaborative approach in gaining access to the research environment and may possibly assist in utilisation of the research findings. Part of the new strategy might be workforce development in terms of producing more nurse-lecturers and creating an authentic learning environment.

13. Research procedures to be used: *please tick all that apply.*

	Tick if applicable
Questionnaires (<i>please attach copies of all questionnaires to be used</i>)	√
Interviews (<i>please attach summary of topics to be explored</i>)	√
Focus groups (<i>please attach summary of topics to be explored / copies of materials to be used</i>)	
Experimental / Laboratory techniques (<i>please include full details under question 14</i>)	
Use of email / internet as a means of data collection (<i>please include full details under question 14</i>)	
Use of questionnaires / other materials that are subject to copyright (<i>please include full details under question 14 and confirm that the materials have been / will be purchased for your use</i>)	
Use of biomedical procedures to obtain blood or tissue samples (<i>please include full details under question 14 and include subject area risk assessment forms, where appropriate</i>)	
Other technique / procedure (<i>please include full details under question 14</i>)	

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- 14.** Briefly outline the nature of the research and the methods and procedures to be used (max. 400 words).

The researcher will employ qualitative methods and the philosophical underpinning will be guided by the critical realists' world view that the world is created by structures, mechanisms and causal powers which could be explained although may not be observed (Maxwell 2012; Appleton and Walliman 2009, p. 55; Wainwright 1997, p. 1265). Critical realists tend to incline more to interpretivism because of their belief in the existence of multiple realities (Appleton and Walliman 2009; Pawson and Tilley 1997). Baseline data on the study topic will be gathered from the relevant institutions. Participants will be interviewed using face-to-face approaches.

The study will take place in three universities in Nigeria, namely University of Nigeria, Nsukka, University of Ibadan and Obafemi Awolowo University, Ile-Ife. These are the only universities that have full accreditation for postgraduate nursing education in Nigeria. The intended participants include existing students (those who have spent more than a year but still in the programme) and past postgraduate nursing students of these three universities. This sample would also include students who withdrew from their programme. Other key informants include lecturers from the above three universities, staff members of the National Universities Commission of Nigeria and staff members of the Nursing and Midwifery Council of Nigeria.

The recruitment methods will involve face-face contact, advertising and sending letters, e-mails and phone calls to all the intended participants. Former students will be recruited through snowballing technique utilising contacts with other students in their peer groups. Five lecturers each will be purposively recruited from the three universities. In addition, five staff each will be recruited from National Universities Commission of Nigeria and Nursing and Midwifery Council of Nigeria. 20 students (who are out of school having graduated or still awaiting completion of course and graduation or who have opted out of the postgraduate nursing programme) will be recruited by snowballing. These will bring the total number of participants to 45. This is however not a fixed sample size; the actual sample will depend on the saturation point, that is a point where no new information is forthcoming, which may be more or less than 45 (Gerrish and Lacey 2010; Mason 2010; Crouch and McKenzie 2006; Guest, Bunce and Johnson 2006).

The data collection approach will utilise an interview guide. The philosophical underpinning

15. Does your research include the use of people as participants? *Please delete as appropriate.* **Yes**
16. Does your research include the experimental use of live animals? *Please delete as appropriate.* **No**
17. Does your research involve experimenting on plant or animal matter, or inorganic matter? *Please delete as appropriate.* **No**
18. Does your research include the analysis of documents, or of material in non-print media, other than those which are freely available for public access? *Please delete as appropriate.* **No**
19. **If you answered 'Yes' to question 18, give a description of the material you intend to use. Describe its ownership, your rights of access to it, the permissions required to access it and any ways in which personal identities might be revealed or personal information might be disclosed. Describe any measures you will take to safeguard the anonymity of sources, where this is relevant:**

This text box will expand as required.

20. Will any restriction be placed on the publication of results? *Please delete as appropriate.* **No**
21. **If you answered 'Yes' to question 20, give details and provide a reasoned justification for the restrictions. (See Research Ethics Guidelines Section 2, paragraph 7)**

This text box will expand as required.

22. Will anyone except the named researchers have access to the data collected? *Please delete as appropriate.* **No**
23. Please give details of how and where data will be stored, and how long it will be retained for before being destroyed. (See Research Ethics Guidelines Section 1, paragraph 2.4.1)

The audiotape recorded interactions will be handled only by the researcher who will listen to and transcribe them into individual notes in order to observe data protection and confidentiality. Restrictive measures (storing in a locked cupboard, storing in the university data storage room where nobody is allowed entry, and making sure that all documents relating to the data are password-protected and the password should only be known by the researcher alone) will be taken to protect the storage, retrieval and processing of all study-related records and data, so that nobody else except the researcher has access to this information. Data will be retained and kept in a locked cupboard in the researcher's office for the duration of the research and then all data will be destroyed thereafter. The data including records, questionnaires and consent forms will be stored for five years after completion of study before destruction. It is the responsibility of the researcher to see that the data are securely stored.

- 24.** Please highlight what you see as the most important ethical issues this study raises (e.g. adverse physical or psychological reactions; addressing a sensitive topic area; risk of loss of confidentiality; other ethical issue. If you do not think this study raises any ethical issues, please explain why).

The most important ethical issue here is that of maintaining participants' anonymity and confidentiality. Some participants may feel vulnerable with respect to disclosing any potential criticisms of the organisational weakness of the participating institutions.

- 25.** If you have identified any ethical issues associated with this study, please explain how the potential benefits of the research outweigh any potential harms (e.g. by benefiting participants; by improving research skills; other potential benefit).

The benefits of undertaking the study outweigh the ethical issues identified, as the study will offer an understanding of what affects postgraduate students' ability to complete their studies. The knowledge will assist in improving postgraduate nursing education completion rates by assisting policy makers and educational institutes to amend procedures and develop curricula that would assist the postgraduate students complete their studies. The proposed methodological approach will not only stop at identifying strengths and challenges but will suggest ways of improvement. The involvement of the policy makers and lecturers in this project will enhance a collaborative approach in both the research process and utilisation of the research findings.

Protection for the Researcher

26. Will the researcher be at risk of sustaining either physical or psychological harm as a result of the research? *Please delete as appropriate.* **No**

27. If you answered 'Yes' to question 26, please give details of potential risks and the precautions which will be taken to protect the researcher.

This text box will expand as required.

Research Involving Human Participants

You should only complete this section if you have indicated above that your research will involve human participants.

28. Please indicate the total number of participants you intend to recruit for this study from each participant group:

Participant Group	Please state total number
QMU students	
QMU staff	
Members of the public from outside QMU	
NHS patients	
NHS employees	
Children (under 18 years of age)	
People in custody	
People with communication or learning difficulties	
People with mental health issues	
People engaged in illegal activities (e.g. illegal drug use)	
Students and academic staff of three Nigerian universities, staff of N&MCN and NUCN.	45

** Please declare in section 32 where the participant group may necessitate the need for standard or enhanced disclosure check*

29. Please state any inclusion or exclusion criteria to be used. (See Research Ethics Guidelines Section 1, paragraph 2.4)

Inclusion criteria: The research participants must include students who have spent at least a year in one of the three universities to be used, also academic staff of one of the three universities, as well as representative staff from Nursing and Midwifery Council of Nigeria and the National Universities Commission of Nigeria.

Exclusion criteria: Any students or former students on sick leave.

30. Please give details of how participants will be recruited:

The recruitment process involves advertising and sending letters, e-mails and phone calls to all intended participants. Former students will be recruited through snowballing technique, utilising contacts with other students in their peer groups (Katz 2006, William 2006; Gerrish and Lacey 2010). The researcher will recruit five lecturers from the three universities identified above, five staff each will be recruited from National Universities Commission of Nigeria and Nursing and Midwifery Council of Nigeria. 20 students (who are out of school having graduated or still awaiting completion of course and graduation or who have opted out of the postgraduate nursing programme) will be recruited by snowballing. These will bring the total number of participants to 45.

31. Please describe how informed consent will be obtained from participants. (See Research Ethics Guidelines Section 1, paragraphs 2.1.2 – 2.1.5)

Participants will be informed about the study orally to solicit their consent to participate in the study before they are offered an information sheet containing details of their study involvement. After reading the information about the study, the researcher will take time to answer questions from the participant and clarify any doubts that may arise. Those who are willing to take part will then be given the consent form to sign to confirm their willingness to participate. They will be informed that they will be able to opt out of the study at any stage thereafter despite their initial consent.

They will be informed that the study would not involve any undue risk as they would only be expected to answer interview questions. The researcher is sensitive to participants fearing possible sanctions being applied to themselves for disclosing potentially embarrassing information to other stakeholders, for example academic staff, the university, or other people or organisations who may be in a potential power relationship with the participant (Maxwell 2012, pp. 99 - 102; Denizen and Lincoln 2005, pp. 139 - 147) The researcher will explain that it is not compulsory that they answer all interview questions if they do not wish to do so. It will be explained that the study may not benefit the participants directly. It will be explained that although the study is for academic purposes, it may be published but the anonymity of participants will be maintained. It will also be explained that the data collected will be kept in a locked cupboard and later destroyed after the research process, usually after five years from the completion date of the study.

It will be also explained that the interview is expected to take around one hour and that every effort will be made to choose a comfortable private venue to avoid discomfort to the participant. Participants will be given the opportunity to negotiate a time and venue that will suit them most for the individual interview, especially avoiding any clash with their personal programmes, or revealing their participation to others, including members of the university. It will also be explained that participants will not get any financial benefits, but out-of-pocket expenses incurred through travel will be reimbursed, and refreshments will be provided.

32. Ethical Principles incorporated into the study (please tick as applicable):

	<i>Tick as applicable</i>
Will participants be offered a written explanation of the research?	√
Will participants be offered an oral explanation of the research?	√
Will participants sign a consent form?	√
Will oral consent be obtained from participants?	√
Will participants be offered the opportunity to decline to take part?	√
Will participants be informed that participation is voluntary?	√
Will participants be offered the opportunity to withdraw at any stage without giving a reason?	√
Will independent expert advice be available if required?	√
Will participants be informed that there may be no benefit to them in taking part?	√
Will participants be guaranteed confidentiality?	√

Will participants be guaranteed anonymity?	√
Will the participant group necessitate a standard or enhanced disclosure check?	Not applicable
Will the provisions of the Data Protection Act be met?	√
Has safe data storage been secured?	√
Will the researcher(s) be free to publish the findings of the research?	√
If the research involves deception, will an explanation be offered following participation?	√
If the research involves questionnaires, will the participants be informed that they may omit items they do not wish to answer?	√
If the research involves interviews, will the participants be informed that they do not have to answer questions, and do not have to give an explanation for this?	√
Will participants be offered any payment or reward, beyond reimbursement of out-of-pocket expenses?	No

33. Risk Assessment



Queen Margaret University
EDINBURGH

Reference:	
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School / Division:		Location:		Date	
Assessed by:		Job Title:		Signature	
Activity / Task:		Total Number exposed to risk		Review Date	

	Hazards	People at risk	Likelihood	Severity			
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Ref no.		Employees and students	Members of the public	Contractors	Young people	Mothers: new or expectant	Improbable	Remote	Possible	Probable	No injury	Minor	Major	Fatal	Total risk	Existing control measures	Residual risk
1.	Disclosure of information and opinions may put participants at risk of sanctions and may affect reputations of the participating organisations.	x						X			x				2 x 1 = 2	The consent forms, data from the questionnaire and the tape recorder will be securely stored by the principal researcher in QMU data repository unit for five years before retrieval and destruction by the researcher. Anonymity of research participants	

																	will be maintained by the researcher. Codes will be used in place of participants' names on transcripts. The electronic data will be edited for possible identifier before storage at QMU electronic data repository. The researcher will discuss ethical issues with participants before commencement of	
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	--

																data collection. Since the participating staff of NMCN and NUCN is principal officers in the organisations, the chances of disclosing risky information is very remote.	
2.																	
3.																	
4.																	
5.																	
Risk value (RV)							1	2	3	4	1	2	3	4	L		

Total risk = Likelihood (RV) x Severity (RV)

Total risk of 1 – 4 = 'L', low risk

Total risk of 6 – 9 = 'M', medium risk

Total risk of 12 – 16 = 'H', high risk

risk



Reference:	11.2
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Remedial action required

Ref no.	Action required	Target date	Action by:	Date completed
1.	Briefing raining participants on their role in the study, data collection and ethical issues.	November, 2015	The researcher	

2.	Confidentiality (maintaining anonymity and data protection).	Continuous from starting data collection till five years and beyond after completion of research process.	The researcher	
3.				
4.				

Declarations

34. Having completed all the relevant items of this form and, if appropriate, having attached the Information Sheet and Consent Form plus any other relevant documentation as indicated below, complete the statement below.

- I have read Queen Margaret University's document on "Research Ethics: Regulations, Procedures, and Guidelines".
- In my view this research is:

<i>See Research Ethics Guidelines Section 6</i>	<i>Please tick</i>
Non-invasive	√
Minor invasive using an established procedure at QMU	
Minor invasive using a NEW procedure at QMU	
Major invasive	

- I request Ethical Approval for the research described in this application.

Name *(if you have an electronic signature please include it here)*

Onwe, S. N. Date: 19th June, 2015

Documents enclosed with application:

Document	Enclosed (please tick)	Not applicable (please tick)
Copy of consent form(s)	√	
Copy of information sheet(s)	√	
Sample questionnaire	√	
Example interview questions	√	
Copy of proposed recruitment advert(s)	√	
Letters of support from any external organisations involved in the research	√	
Evidence of disclosure check		√
Division risk assessment documentation		
Any other documentation (please detail below)	√	
Risk Assessment	√	

35. If you are a student, show the completed form to your supervisor/Director of Studies and ask them to sign the statement below. If you are a member of staff, sign the statement below yourself.

- I am the supervisor/Director of Studies for this research.
- In my view this research is:

See Research Ethics Guidelines Section 6	Please tick
Non-invasive	√
Minor invasive using an established procedure at QMU	
Minor invasive using a NEW procedure at QMU	
Major invasive	

- I have read this application and I approve it.

Name *(if you have an electronic signature please include it here)*

Dr .David Banks

Date 24th September 2015

36. For all applicants, send the completed form to your Head of Division or Head of Research Centre or, if you are an external researcher, submit the completed form to the Secretary to the QMU Research Ethics Panel. **You should not proceed with any aspect of your research which involves the use of participants, or the use of data which is not in the public domain, until you have been granted Ethical Approval.**

FOR COMPLETION BY THE HEAD OF DIVISION/HEAD OF RESEARCH CENTRE

Either

I refer this application back to the applicant for the following reason(s):

Name *(if you have an electronic signature please include it here)*

Head of Division / Research Centre

Date _____

Please return the form to the applicant.

Or

Please tick **one** of the alternatives below and delete the others.

I refer this application to the QMU Research Ethics Panel.

I find this application acceptable and an application for Ethical Approval should now be submitted to a relevant external committee.

X I grant Ethical Approval for this research

Name *(if you have an electronic signature please include it here)*

B Mc Loughlin

Head of Division / Research Centre

Date 28/09/2015

Please send one copy of this form to the applicant and one copy to the Secretary to the Research Ethics Panel, Governance and Quality Enhancement, Registry.

Date application returned: 28/09/2015

APPENDIX K: APPROVAL LETTER FROM UNIVERSITY OF IBADAN



INSTITUTE FOR ADVANCED MEDICAL RESEARCH AND TRAINING (IAMRAT)

College of Medicine, University of Ibadan, Ibadan, Nigeria.

Director: **Prof. Catherine O. Falade**, MBBS (Ib), M.Sc, FMCP FWACP

Tel: 0803 326 4593, 0802 360 9151

e-mail: cfalade@comui.edu.ng lillyfunke@yahoo.com



UI/UCH EC Registration Number: NHREC/05/01/2008a

NOTICE OF FULL APPROVAL AFTER FULL COMMITTEE REVIEW

Re: Postgraduate Nursing Education in Nigeria: Understanding Registered and Graduated Students' Experiences in their Journeys to Completion or Withdrawal

UI/UCH Ethics Committee assigned number: UI/EC/15/0464

Name of Principal Investigator: **Onwe, Simon Nwigboji**

Address of Principal Investigator: Department of Nursing,
Faculty of Health Sciences,
Queen Margaret University,
Edinburgh, United Kingdom (UK)

Date of receipt of valid application: 14/12/2015

Date of meeting when final determination on ethical approval was made: N/A

This is to inform you that the research described in the submitted protocol, the consent forms, and other participant information materials have been reviewed and *given full approval by the UI/UCH Ethics Committee.*

This approval dates from **22/12/2015 to 21/12/2016**. If there is delay in starting the research, please inform the UI/UCH Ethics Committee so that the dates of approval can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside of these dates. *All informed consent forms used in this study must carry the UI/UCH EC assigned number and duration of UI/UCH EC approval of the study.* It is expected that you submit your annual report as well as an annual request for the project renewal to the UI/UCH EC early in order to obtain renewal of your approval to avoid disruption of your research.

The National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the Code including ensuring that all adverse events are reported promptly to the UI/UCH EC. No changes are permitted in the research without prior approval by the UI/UCH EC except in circumstances outlined in the Code. The UI/UCH EC reserves the right to conduct compliance visit to your research site without previous notification.



Professor Catherine O. Falade

Director, IAMRAT

Chairperson, UI/UCH Ethics Committee

E-mail: uiuchec@gmail.com

Research Units • Genetics & Bioethics • Malaria • Environmental Sciences • Epidemiology Research & Service
• Behavioural & Social Sciences • Pharmaceutical Sciences • Cancer Research & Services • HIV/AIDS

APPENDIX L: UNIVERSITY OF NIGERIA, ENUGU CAMPUS APPROVAL LETTER

Department of Nursing,
Faculty of Health Sciences,
Queen Margaret University,
EH21 6UU
Edinburgh in Scotland,
United Kingdom.
5th February, 2016.

The Head,
Department of Nursing,
Faculty of Health Sciences and Technology
University of Nigeria
Enugu Campus

Through:
The coordinator,
Postgraduate Nursing programme
Department of Nursing
Faculty of Health Sciences and Technology
University of Nigeria
Enugu Campus

Forwarded for your necessary action
Onwe
08-02-2016

Dear Madam,

REQUEST TO COLLECT DATA IN YOUR DEPARTMENT

I am a research degree student of the above institution with registration number 11008558 carrying out a study on "Postgraduate nursing education in Nigeria: understanding registered and graduated students' experiences in their journey to completion or withdrawal". This is a qualitative study that involves the use of one-on-one interview to collect data from University of Nigeria, Enugu campus, Obafemi Awolowo University, University of Ibadan, National Universities Commission and Nursing and Midwifery Council of Nigeria.

Apart from the interview, I will need other information as:

- Year postgraduate nursing programme started in your department
- Total number of intake from start to date.
- Total number of students that have graduated from the programme from start to date.

Currently I have successfully collected data from Departments of Nursing, University of Ibadan and Obafemi Awolowo University Ile-Ife.

The study will involve 45 participants and 10 (five lecturers and five postgraduate students, who have spent more than a year in the programme) will be interviewed from each University.

I will be gratefully if my request is granted.

Best regards.

Simon

Onwe, Simon Nwigboji
08036576867 or
+447438291735
SONWE@qmu.ac.uk
Or onwesim@yahoo.com

Approved
AS

APPENDIX M: NURSING AND MIDWIFERY COUNCIL OF NIGERIA PERMISSION
LETTER



Established by Nursing & Midwifery Registration, etc , Act.Cap.143, Laws of the
Federation of Nigeria,2004

**NURSING & MIDWIFERY COUNCIL OF
NIGERIA**

*....Promoting and Maintaining Excellence in Nursing and Midwifery Education
and Practice*

EBONYI STATE NURSING AND MIDWIFERY COUNCIL COMMITTEE

MINISTRY OF HEALTH

STATE SECRETARIAT

ABAKALIKI

Our Ref: EBS/MOH/NSD/2015/1/VOL.1/23

Date: 27/01/2015

Dear Mr. Simon Onwe.

I write to acknowledge the receipt of your mail concerning the project on Postgraduate Nursing Education which you intend to conduct.

I wish to assure you that you will receive the support and necessary assistance in the collection of data needed for the project.

We wish the very best in your endeavour and pray for your success.

Accept the warmest regards from the office.



Jonathan O. Igboji (RN., Dip.PON., B.Sc., M.Sc., MPH.,PGDE., Ph. D (in-view))

Director, Nursing Services,

Ebonyi State – Nigeria

Mobile: 08035790024, 08026929270

e-mail: igboyam@yahoo.com

